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Uterine Dysmenorrhœa.

RAPID DILATATION OF THE CERVIX UTERI BY GOODELL'S METHOD FOR THE PERMANENT RELIEF OF UTERINE DYSMENORRHŒA AND STERILITY, WITH CASE.

Read before the State Medical Society at Salina, Kansas, May 14, 1890.

BY F. F. DICKMAN, FORT SCOTT, KAS.

Mr. President, Ladies and Gentlemen of the Kansas State Medical Association:—

The title of my paper as announced in the program, and as given by me, is neither sufficient nor comprehensive. But, rather than risk a second failure, I prefer to state to you simply: That the contents of my paper will be limited to Uterine Dysmenorrhœa in young married women, either existing before and continuing, or developed after that event, and necessarily accompanied by sterility, as pregnancy always cures this condition, and finally the operation of rapid dilatation by Goodell's method.

When my friend Dr. Minney, our worthy secretary, requested that I prepare a paper for your consideration to-day, this subject happened to be uppermost in my thoughts, and without giving the matter any consideration the title, as announced, was sent, only to regret later my hasty action, for the reason that my cases are scarcely sufficient in number; and of what is of greater moment, that among my audience would probably be found a number of gentlemen who, by reason of greater experience hence a riper knowledge and judgment, would be so much better qualified to occupy my place to-day.

When I began to prepare my paper, however, I found that my limited numbers were too many to give in complete detail; that to do so would both task your patience and consume too much time; hence, I have contented myself by giving a few only in full to serve as illustrations, and grouped the remainder in a short summary at the close.

The subject is not new or uncommon. But "as the most valuable things among us may for a time fail to make any impression, and yet by a happy turn of the human mind be readmitted as good and appreciated." So I too, hope that for the sake of human suffering, that I may be able to interest you to-day in an old subject.

If, among the many ills that human flesh is heir to, not in themselves dangerous, which, like the present when taken in connection with its complications and sequels, its sufferings, both physically and mentally, hopes alternating with despair, etc., that are capable of bringing about more misery and unhappiness than the one at present under consideration, I have never met it.

Take, for instance, a young handsome woman (God bless them, they are all handsome) married to the man of her choice, whom she loves with a love like fire, that can not exist without constant movement, whose smiles she counts her beacon light, whose approving glance her constant delight. She dresses, she loves to shine, perhaps outshine a rival, but only at his side and for his sake. In the midst of grand preparations for a big social event finds herself, the preceding afternoon, suddenly approached by her enemy—out of time; for while time is a great innovator this monster is an innovator on time. She alternates between hopes and despair, grates her teeth, and defiantly completes her plans, but, alas for human hopes and weakness, long before the carriage arrives at her door she repents in sitz baths and poultices

Physical pains and keen disappointment are all that are left for her, anticipated joys are turned into vain regrets, triumphs into uncontested defeats.

In the lower walks of life stern reality takes the place of fuss and feathers. The young farmer can ill afford to do without the help of a housewife; it means cold and self-cooked meals for him, and nursing a sick wife after a hard day's labor.

If we now add to all this the gradual increase of the difficulty, and the fact that man is sometimes harsh and even a brute, the disappointment of both husband and wife, for her to be denied the wearing of the glorious crown of wifehood, that of becoming a mother.

We have a picture, gentlemen, while fortunately extreme, yet well calculated to excite our sympathies, and arouse our latent energies to renewed efforts, to answer the oft-repeated appeals for permanent relief.

The cases, as far as my observation goes, are readily divisible into two classes.

First, and by far the larger per cent. are acquired; the second, congenital. Of the latter I have met only one case; by-the-by, one of considerable interest, and I may as well relate it here. Mrs. M., nineteen years of age, of slight, slender build, weighing 110 pounds, married six months, never pregnant. From the first menstruation she has suffered each month with excruciating pain from six to fifteen hours before, and during the entire time, five days. She had regular uterine contraction, the flow only escaping with each spasmodic effort. One year ago, after flowing in this way for five days, she suddenly commenced to flow to an alarming extent, but without pain. Every motion of the body would increase the flow. In spite of all efforts it lasted three days. Three weeks before she came to me she passed through a similar experience. *Present condition:* The lady is absolutely bloodless; her lips are as pale as pale can be; in fact, it seemed then, and does yet, almost incredible that a simple menorrhagia could produce this condition. Her rapid improvement, however, following immediately, tends rather to confirm her story that her present anæmia is due solely to the hemorrhage. Pulse 120 but regular; heart and lungs normal. She is, as I have found in all my cases, extremely constipated, and as is usual in such cases, complains of the heavy weight, etc., around the pelvis and lower part of the abdomen and back, due to that cause. Urine examined and found normal.

Pelvic organs: No pain or pressure over hypo-gastric region; the finger in the vagina passes back until it touches the body of the uterus lower down, comes in contact with a flexure almost acute; passing forward along the neck I find the cervix near the portia-vagina lying to the right of rectum, which latter is full of fæces; on bi-manual examination I can easily grasp the body of uterus between one finger in vagina and two externally, but find the organ immovable, otherwise not painful.

Speculum: I find that I have to use a very short one to engage the neck at all. The os is a pin-hole, and will, with great difficulty only, admit a probe; but by gentle manipulation I finally passed it up to the os internum; but all efforts at this and three subsequent times were ineffectual to pass beyond. Effort to pull the cervix forward gave too much pain. The neck was freely moveable from side to side. In short, I found that I had, for the first time in my life, a case of congenital flexion. She was put upon preparatory treatment, the most important that of regulating her bowels, and tonics, and under these measures she rapidly improved. On the 18th of April last, in the presence of Dr. J. B. Carver and Dr. W. L. Warriner, she was completely anæsthetized, put in the lithotomy position, a ¼ grain of morphia slipped into the rectum, the vagina thoroughly mopped out by 1-3000 bi-chloride solution, and a short duck-bill speculum introduced; with a pair of vulcellum forceps the uterine neck was dragged forward, the external os dilated by means of scissors introduced closed and opened, and a sound gently introduced; by a little manipulation it happily passed the os internum. A Loomes dilator was next introduced by slipping the blades along the sound, and the sound withdrawn as soon as the os was passed. As soon as sufficient dilatation was produced, this was withdrawn and the large Goodell

dilator introduced, and its blades slowly separated until one and one-half inches had been reached, left in situ ten minutes the blades closed and withdrawn, cervix cleaned out. There was no bleeding except where the vulcellum held; and the vagina again mopped out by 1-3000 sol. A 10-grain iodo form suppository introduced, held in place by cotton, and the patient put to bed. The dilatation by the Strong dilator took seventeen minutes. Her recovery was uneventful, except that I operated on Friday and that she became (totally unexpected) unwell the following Monday night, but she passed through her period without any discomfort whatever. At the end of twelve days she returned home in excellent condition, the uterus occupying the normal position and axis.

There are two points, at least, in the case, which I'll mention here. As they are both explained by Goodell, I need not go into details, but simply mention them. First, as to account for this congenital flexion; for some reason, either intra-uterine, or in early life, the body of the uterus is displaced downward so that when the neck begins to develop it must do so along the long axis of the vagina, and at an angle. The second as to the two hemorrhages, the repeated uterine contraction produce a metritis or para-metritis and the hemorrhage might be looked upon as conservative, as preventive of inflammation, were it not so alarming and life threatening.

The following is my first case, and as you will see well calculated to encourage further trials:

Mrs. J. F. A., 23 years of age, married three years, never pregnant. First menstruation at fourteen; regular until when eighteen, she waded a stream while unwell. That night the flow ceased, and did not reappear for six months. She was seriously ill for three or four days immediately after, then got up; but her health kept failing. Finally, under the care of the late Dr. Baldwin of Fort Scott, she began to improve and her menses returned; but each month she would suffer pain a day before and during the first two days, or until, as she stated the red blood appeared, when her pains ceased. She is regular as to time. Since her marriage the difficulty has increased somewhat, and up to six months ago she suffered from insomnia, but since sleeps well. Her bowels are constipated; she has to take pills quite often; she is extremely anxious to become pregnant. On examination, found the uterus enlarged but in a normal position, with a small pin-hole os. There were no evidences of any former cellulitis or peritonitis. It happened to be within a few days of her period. I ordered the necessary preparatory treatment, and requested her to return in two weeks to a day, or four weeks; prepared to remain at least ten days. It will be necessary here to say, that up to that time, October, 1887, I had been treating these cases with tents, later with conical dilators, without satisfactory results, and had determined on the first favorable opportunity to test Goodell's method. The present case seemed to me to be a suitable one, and I fully determined to give it a trial. She returned in four weeks, her health having improved to a marked degree. On the thirteenth of November, with the assistance of a friend, who, by the way was so much opposed to the operation as to feel it his duty, and with my consent, informed the husband of the fact that he could not approve the operation, but was willing to assist me. An anæsthetic was administered, the dilator introduced under the same precautionary measures already enumerated, and the blades opened to one and one-quarter inches, taking eighteen minutes to do so.

The result was all that could be expected. Her temperature never rose above normal point; she menstruated at the usual time without pain, and then became pregnant, and in due course of time an American citizen by birth-right was born, and will be counted in the present census.

The following case resembles the last, only in that it came from the same village. The lady was 28 years of age; had been married eight years. Previous to her marriage her menstruation had been somewhat irregular, but her main difficulty had come on since. The irregularity consisted mainly that at times she went over her period from six to seven weeks. Three years after her marriage she had what she calls a miscarriage. She went over her period six weeks then became unwell, and

finally had a hemorrhage, which her physician called a miscarriage. The fœtus was never discovered. The physician used a tampon, etc., to arrest the hemorrhage, but she took a fever, had horrible pains in back and in front and was confined to her bed seven weeks. Two months later she had a swelling of the parotid gland and 5 months later a suppurating middle ear which has discharged ever since. She has been extremely constipated; has leucorrhœa at times excessive; in fact, to all intents and purposes, is an invalid, with the usual ups and downs. On vaginal examination, I found the uterus was slightly retroverted but firmly fixed; the cervix soft and patulous; the os small, but would readily admit a sound; the cervical canal tender, and the internal os so much so that all efforts to pass it had to be desisted from. The body of the uterus was very tender and enlarged and after the cervical canal was mopped out dry, in a short time a discharge, thin in character and acid in re-action would appear. After carefully considering the case I gave an unfavorable prognosis as to pregnancy but a probable improvement, if a proper treatment be instituted. By this prognosis as to pregnancy, I probably lost my opportunity to do her good. But her husband insisted, and I did what I could to open the internal os, and attempted local treatment to the endometrium, but of little good. She would not follow directions, etc., etc. After two week's efforts I refused to treat her any longer. I have related this case simply as a contrast to the preceding one. My conclusions in this case were, that she was not pregnant as she claimed, but her condition was similar to that of No. 1., and the hemorrhage due to the same cause; but because of its arrest, or otherwise, followed by metritis, a para-metritis extending to the surrounding tissues, leading to adhesion finally fixation monthly exacerbation, chronic endo-metritis, and in short, chronic invalidism. The condition, truly pitiable, might, in time, have been benefitted by suitable procedure, had I been permitted to do so.

I have thus, gentlemen, as briefly as possible, given you three types of dysmenorrhœa, coming under this caption. I have given the first at some length, but wish to add what seemed to me a rather remarkable fact discovered at the last examination; In the first place it must be remembered that development of the neck, as stated, tends to an increase of tissue at the outside and an atrophy of the inside of the angle; in fact, for my own satisfaction, after I passed the sound I tested this matter to be as claimed by Goodell, and found the inside very thin. The day that she left for home I made an examination and found that the neck seemed to have become shorter, at least it seemed so to me. The fact that the uterus had assumed its normal position, and that I had made no effort to break the adhesion, which appeared to be too close to the bladder, on that account led me rather to guard against it, still, it may have been that the efforts in pulling the neck forward severed these adhesions and allowed the uterus to assume its normal position.

The second case is uneventful and a typical case for the successful efforts of dilatation or divulsion. The happy smile on the young mother's face when she carried her baby into my office eighteen months later, fully repaid me for all the trouble I had taken.

The last case related simply serves as a contrast, and also as one of dysmenorrhœa. Dilatation could only have opened the way, but would, of course, have been totally unjustifiable and useless on account of endo and para-metritis, and inflammation of the pelvic tissues generally.

Finally, as a summary, my cases number eleven in all; ages between nineteen and twenty-nine, all married from six to nine years. Menstruation began in all before fifteen. Of the eleven, two had suffered from the onset. One I have related. The other suffered occasionally only; had always been irregular, at one time going six months without injury to her general health. She was operated on, cured and became pregnant and has since borne a child. The remainder took cold, or something happened; wading a stream of water, the ordinance of baptism in one, etc. In all these cases recession, with more or less pelvic trouble, followed.

All were constipated and out of health generally. All had pain before from five to twenty-four hours. In three it ceased as soon as

the flow commenced; four after twenty-four to thirty-six hours, or as one expressed it, after the red blood came. In the remainder the pains, of a spasmodic character, continued throughout.

In all the cases the uterus was anteverted or flexed, if changed at all.

The results up to the present time are as follows:

The dysmenorrhœa has been cured in seven. In two cases the operation has been so recent that I am not justified in counting them as cured. The last case related really does not belong in the category, but I have included it simply as an illustration. It must, however, be remembered that I took pains to select my cases, to a certain extent, and that I did not operate only in cases promising the best results.

Of the eleven, four have become pregnant and have borne children since. In two cases, I am confident the husbands are at fault. If we exclude the one case where dilatation was not attempted, we have four yet to hear from, and two of these have been very recent.

In conclusion, gentleman, a few words as to the operation itself:

In former years, before I became familiar with Goodell's method, I have resorted to all sorts of measures in vogue except the Sims' operation, and I must say with very unsatisfactory and frequently with annoying results. Since I have resorted to Goodell's method I have had no trouble. One thing should be remembered: that the procedures rank as an operation, and as such is entitled to all the care and study necessary before resorting to it. Dilatation or divulsion should be done in such a manner as to avoid laceration. You must not tear, but stretch. When there exists much cicatricial tissue, I imagine that extreme care is absolutely necessary. As already stated, my cases being selected, I had nothing of the kind to contend with, but I always consumed from fifteen to thirty-eight minutes for complete dilatation, being governed by the amount of resistance met with, which can easily be known by the strength required to turn the screw. In none of my cases was there any bleeding of any moment, not exceeding a few drops at most, and none were followed by any inflammatory symptoms. In one case, done recently, I am satisfied the result will not be satisfactory, on account of one of the ovaries being enlarged and probably cystic. Upon the whole, the results have been extremely satisfactory—so much better than my former attempts that I have no hesitancy in advising the operation in properly selected cases. It is an operation that may be undertaken by any one and requires but little skill. All that is necessary is to be conversant with procedure and care. It is a procedure that will yield splendid results; will gain you the everlasting gratitude of your patient, if successful.

Finally, gentlemen, allow me to thank you for your kind indulgence in listening to my crude attempts. If I have succeeded in interesting a single hearer on the subject I shall be content, hoping that the discussion will add what I have left unsaid.

Address of the President.

BY I. N. LOVE, M. D., ST. LOUIS, MO.

Read before the Annual Meeting of the American Medical Editors' Association, held at Nashville, Tenn., May 19, 1890.

FELLOW EDITORS:—It is needless for me to attempt to express my appreciation of your having chosen me to preside over your honorable body.

An organization which includes in its membership the editorial representatives of the leading medical Journals of America is one over which any one man might feel proud to preside, even though conscious of the fact that the kindly regard of cordial friends had more to do with his selection than any special fitness or marked editorial ability.

I shall not weary you with a lengthy address, as there are numerous papers to follow which will prove more interesting, but have decided to throw out, not in an advisory way, but merely as suggestions, a few points which I trust will not prove completely stale and unprofitable.

It would be more interesting than gainful for me to present to you a history of the

progress of medicai journalism from 1686, the year which gave birth to the first medical journal down to the present day. I am safe in saying that medical journalism has kept pace with the advancement in other directions.

The printed sheets, published at stated intervals, devoted chiefly to intelligence on current events, under the name of newspapers, appearing first in the early part of the seventeenth century, were mostly in the form of weekly news letters, which only the aristocracy could afford; but from this small beginning has been evolved the mammoth metropolitan daily journal, appearing once or twice or half a dozen times a day, selling for a song, purchased by the millions, and he who runs may read what happens from one end of the world to the other.

Has the medical journal followed the pace set by the secular press? I will answer "Yes" and "No." However, taken in their entirity and completeness, I believe the medical journals of the world may be credited with having kept in line with the progress of the journalistic procession.

The current advances of the profession, the achievement of the medical world's best workers, have been faithfully recorded and promptly presented. The negative side of the question confronts us when we consider whether the medical journalists has like his brother of the secular press, kept his fingers upon the pulse of those he serves.

Has he properly considered their tastes, their capacities; has he sufficiently mingled with the masses whom he has been desirous of feeding? In general has he not been inclined, like the Pythian priest in the temple of Apollo, to sit upon his tripod—with his tripod upon stilts—deeming himself and his views even more thoroughly oracular than the Delphic one of old?

In secular affairs the procession moves so rapidly that the journalistic music must be made appropriately fast, just as fast as possible within the limits of harmonical sound, and even then a discordant note is occasionally heard.

The action of men, the affairs of commerce, the ups and downs of the world at large must be known by the reading masses before entering upon the various duties of the day. But science, hygiene, sanitation and the dreary routine of the doctors' life, the needs of humanity, the interests involved, demand careful thought, and are in the aggregate against the too frequent appearance of the medical journal. The daily medical journal, in spite of the fact that the medical world is moving more rapidly than ever before in the history of the world, would be in the nature of things an absurdity.

Thoughts, inventions, suggestions and discoveries are coming in rapid array, but in view of the fact that they pertain to the most serious of all earthly affairs, they must be weighed in the balance and found worthy, and not sky-rocketed upon the medical horizon like the sensational gossip of the daily press which gives zest to the morning meal.

At this point the query presents itself, who often should the medical journal make its appearance? I answer, just as often as its equipment may enable it to present well digested facts in good form for ready assimilation by its readers, bearing in mind that the doctors life is a monotonous round of drudgery, in the majority of cases nine months out of the year his "days work" being never done.

On the go, from sixteen to eighteen of the twenty-four hours, the doctor, if he receives a journal too often, will see and read about one in four copies, the other three will remain in their wrappers. He who sits in his sanctum delving in science, looking through the small end of a microscope (seeing things which to the average eye are an unopened book) who daily walks in the valley and shadow, as well as on the mountain top of science, may well feel that the ideal medical journal should deal in nothing but cold facts; should be severely and serenely scientific; that if it is anything else than this, anything else than learned and logical, strong and heroic, heavy with the accumulations of thoughts thrown out by theoretical authorities, it is undignified and unscientific.

They who are able to grasp such a journal are the upper four hundred of the profession, who have not a thought beyond that which is perfect, and are learnedly angelic, but when it comes to presenting this Saturine production

to the masses of the profession it will prove more than likely a cold dish.

Not that they are not qualified to appreciate it, but that they are too busy. They are practical workers. Many of them as I said before are either in the saddle or the sulky, in the buggy or the brougham, behind one or more of man's most faithful slaves, sixteen to eighteen of twenty-four hours, engaged in an effort to relieve suffering humanity. Four nights out of five they are unable to sleep in their homes, and hardly have sufficient leisure to become acquainted with the individual members of their own families.

They are all anxious to keep up with the procession of science; ready to pick up crumbs of knowledge and information wherever available, but certainly in no humor to grasp one of the ideally perfect journals, and wade through long, learned and labored theses, turned out after months of work by the scientifically pluperfect.

These practical workers, these slaves to a horde of suffering tyrants want meat and drink, nutrition and stimulation which are available, and which they can pick up by the wayside at fits and starts.

In my judgment the best journal is the one which can present a fair epitome of the results achieved by the bacteriological, chemical, anatomical, physiological, pathological and clinical workers, in fact I think the best journal is the one which furnishes matter within the scope of all, on the principle that he does the most good who does the greatest good to the greatest number.

Of course there can be no doubt but that the special journal heavy with science, comes within the reach of only a few; and those who conduct it should not feel that it is any better because more exclusive than the more varied, practical, democratic and generally useful journal which caters to a larger number.

I feel that every worker in the medical field should be induced to contribute his mite to the fund of knowledge. There are those who have been long out of the scholastic groove, working as slaves in the ranks of experience. The habit of jotting down their thoughts and ideas has long been broken. If called upon to contribute an article for a journal, the product, viewed from the standpoint of the schools, might fall far short of perfection; but that it would be of value I am sure cannot be denied. We often hear the announcement made by medical men that they will never write except when they have something absolutely original. We must remember that it is only by knowing the views and work of other men that we accomplish the crystallization of our own views. It is well to bear in mind to that the good and true will bear repetition and are seldom strikingly new.

What we want is the recorded observations of workers in the medical field. Men who hibernate in their closets and indulge in day dreams may evolve, by means of the proper equipment for scientific investigations, that which is of value, but the practical worker can apply these deductions and test them in the severe school of experience and we need just such evidence as these practical workers can give.

I claim too that a medical journal should be constantly on the look out to present all that is of interest to the medical guild; ever alert to advance its material good, striving in the direction of the complete organization of its members.

OFFICIAL ORGANS.

Under the existing conditions of medical journalism in America I am strong in the conviction that there is no justification for any medical body possessing itself of an official organ save and except the American Medical Association.

In the nature of things it is proper that the national representative body of the profession should be officially represented by a journal.

And it should be the duty of that journal to work in harmony with all the various medical journals of America. It is fortunate for the American Medical Association, that its official organ has been in such good hands.

Regarding journals which serve in the capacity of organs to State, district and county societies, medical colleges, instrument houses, proprietary medicine, publication houses, etc., I am of the opinion not that they lag superfluous on the stage, but that their influence and usefulness can be but limited. However, I am firm in the belief that these and all other

medical journals, so long as they spread knowledge, are productive of good. We often hear the statement that there are too many medical journals, but it is no more true than is the statement that there are too many doctors, or workers in other fields. As long as good work is done, and the governing thought in the worker is the accomplishment of general good, there cannot be too many workers, either in journalism or any other field. The inexorable law of the survival of the fittest will obtain and solve the problem here as elsewhere. I have thought for several years that this National Association of Medical Editors, meeting as it does annually the evening preceding the first day's session of the American Medical Association should extend its works to the degree of having a session of one or two hours—say from eight to ten a. m.—each day that the American Medical Association is convened.

By having the several sessions the members would be brought together oftener and more intimately and anything of interest to our craft could be carefully considered and conclusions reached which would have a far reaching effect upon the journals and the profession.

I would not presume to advise this body, and yet I cannot refrain from announcing as my belief that every medical editor in America who is loyal to the best interests of the profession and himself will not only attend the annual meeting of the American Medical Editors' Association, but will never fail to be present at meetings of the American Medical Association, and urge the profession of the entire Union to join and attend this grand representative body.

Never let us lose sight of the fact that the editor who mingles most with doctors is the best qualified to know their needs.

Let us not as medical journalists throw over board from our vessels the ballast of sound judicious "conservatism," a discreet desire to present solid, scientific sustenance to our subscribers, but may we not take the cue from the daily press to the extent of giving proper variety to our patrons? Let us try to lead our professional brethren in correct directions. But may we not occasionally, in fact frequently, follow their leadership.

Let us bear in mind the many carking cares constantly crowding into the doctor's life, and while we try to present entire loaves of solid scientific food, let us ever and anon throw in all the crumbs of comfort that we can. Let us remember that a little wit, gayety and even nonsense now and then are relished by the best of men.

Charles Dudley Warner recently remarked, "It is better to be dead than dull." Let us try to be neither dead nor dull, but let us be saturated with a desire to improve, advance and inspire our readers with a determination to do the best work in their power for humanity and the profession. Let us strive to make the uppermost thoughts of our editorial lives those connected with science, humanity, charity, business thrift, brotherly kindness and cheerfulness.

Report of a Case of Intestinal Obstruction.

Read before the Kansas Medical Society, at Salina, May 13, 1890.

BY J. B. CURTIS, M. D., LINDSBORG, KAS.

Henry Hansom, Swede, farmer, age about 30 years. On April 12, 1890, was seized with pain in the stomach and upper portion of bowels, with severe vomiting, which lasted a good part of the afternoon.

I saw him April 13; had then no vomiting, but complained of nausea. Had not vomited since afternoon of the previous day. Complains of thirst, pulse slow, temperature normal; no pain, says he feels weak and prostrated. Slight abdominal tenderness on pressure; slight abdominal tympanites; stomach very much distended; reaches up on the left side above the nipple, and pushes the liver over to the right, giving on this side tympanitic resonance nearly as high as the nipple. Says he has been constipated some days; that he has had spells of being constipated for the last four or five years, requiring large doses of physic. Says he was kicked in the abdomen by a cow fourteen years ago, which made him very sick; kept him in bed for five or six weeks.

April 14, stercoraceous vomiting; temperature 106°. Laparotomy advised. April 15,

vomiting less to-day, he feels quite comfortable. Temperature 100°. April 17, no vomiting; temperature 99½°. Feels well and wants to get up. April 18, stercoraceous vomiting. Temperature 100°. Moved him two miles to his father's house. April 19, feels very badly, has refused rectal nourishment because of pain from hemorrhoid during its administration. Looks haggard. Temperature 99½°. April 20, Dr. Berquist saw the patient with me. Patient feels better. April 21, vomited a large amount of fæcal matter. Temperature 100°; pulse 110. April 22, temperature 99½°; pulse 100. April 23, Dr. Crowly of Salina, saw the case with me. Temperature 98½°; pulse 85. Says he feels better than since he was taken sick. April 24, Dr. Crowley met me again. Temperature 100°; pulse 95. April 25, passed a bad night; considerable pain. Temperature 101½°; pulse 110. Large draughts of hot water emptied the stomach of over two quarts of thin fæcal matter. April 27, patient better. Temperature 100°; pulse 96. Sunday, April 27, Dr. Berquist requested by friends, came to see the case with me. Temperature 100°; pulse 90. From this time on until Saturday, May 3, the day of the operation, patient's temperature was not over 100°. He slept well, complained of no pain, and was most of the time hopeful and cheerful.

The treatment from the start consisted of wine of coca, (vini mariana,) brandy, and morphia, by mouth. With peptonized milk and Reed and Carnrick's beef peptones, and brandy per rectum. Nutritive injections were administered every four hours. Morphia in $\frac{1}{32}$ grain dose was repeated every one to three or four hours. Severe pain to be controlled by doses repeated every fifteen minutes.

Food of every kind by mouth was strictly interdicted. All drinks except hot water were excluded. Whenever nutrition showed symptoms of acute impairment, water by the mouth was prohibited to stimulate rectal absorption. For the first two weeks whenever nausea occurred, which was not oftener than every other day, large draughts of hot water were given until vomiting was produced, which was easily accomplished. For the week preceding the operation, the stomach was well washed once daily, Listerin and Thersch solution being liberally used. Once daily the large bowel was well washed from a fountain syringe.

April 17, his friends gave him two tablespoonfulls of castor oil; he got no other physic.

On each of the occasions when Dr. Crowly saw the case with me, April 23 and 24, the patient was inverted and got while in this position six ounces of glycerine, with large hot water injections and abdominal massage. Following this treatment his temperature rose to 101½°, the highest point it attained. The injection following the last massage brought considerable blood and mucous. I had from the first earnestly urged operation, as symptoms all pointed to the small bowel as seat of obstruction, and as the large gut at my first visit without anæsthesia, held nearly five quarts of water; this fact alone excluded stenosis of this tract. Obstruction of the small intestines with fæcal vomiting demands immediate operation, and the surgeon who in the presence of this condition (with its more acute manifestations) unnecessarily delays operation, trifles with life.

Dr. Berquist joined me in urging operation. The patient and family finally consented. Assisted by Drs. Berquist, Cordier, Crawford, England and Mrs. Nettie Curtis, I opened the abdomen on May 3. Incision extended from pubes to two inches above umbilicus. A band the size of a goose quill, several inches in length was attached to a loop of the ilium to abdominal wall about two inches to the right and below the navel was discovered and cut betwen the cat gut ligatures. The intestines were freely turned out and covered with hot towels wrung out of Thersch solution. Several coils of the jejunum and upper ilium were discovered closely bound together and fast to the posterior abdominal wall. The adhesions being most of them very firm. One loop more largely distended than the others because entirely obliterated for several inches where it passed through the adherent mass. The making of an anastomosis having all along been contemplated, a collapsed loop from below was seized, brought up and united in the usual manner to the distended loop previously referred to, co-aptation being effected by using

matts of woven cat gut. Lembert's sutures of silk united the contiguous guts outside of the matts. It was found impossible to close the abdomen until one of the distended coils was incised, a large quantity of gas and fæces was gently pressed out. Lembrot's sutures of silk closed this opening. Bowels returned, abdomen cleansed, the wound sutures through entire thickness of abdominal wall including peritoneum, with a No. 29 silver wire. Time of operation from commencement of anesthesia, two hours. Pulse at close of operation, 127, fairly good. Patient did not rally. Pulse continued about the same for two hours then failed rapidly. Hot bottles, friction to surface, hot rectal enemas with brandy, electricity, brandy hypodermically were all employed. Death occurred three hours after operation.

A Case.

Read before the South Kansas Medical Society at Wichita, Kansas, May 6, 1890.

BY A. B. FREEMAN, M. D., OF WELLINGTON, KAN.

B. H., aged 17 years, American, height 5 feet 7 inches, full habit, of healthy parentage. Was called to see him on the evening of July 25, 1889; found him lying on his back, pulling at his hair, although he was conscious.

I learned from the family that he both chewed and smoked tobacco extravagantly, and on this particular afternoon had smoked a very strong pipe to excess; had on several occasions drank alcoholic liquors to drunkenness, and that his tendency in every way was to excesses and recklessness; also learned that in 1889 he had concussion of the brain produced by an explosion of gun powder, while splitting a log. The shock was sufficient to cause the blood to flow from the ears, followed by deafness lasting a few weeks.

In November, 1888, he was struck on the top of the head near the posterior superior angle of the left parietal, a sufficient blow to fell him to the ground and render him unconscious for a few seconds.

When I saw him he was unable to speak except in monosyllables, on account of excruciating pain in the head; his face was somewhat swollen and quite red, the blood vessels standing out in face and neck prominently, conjunctival congestion, pulse 120 per minute, very full and bounding, and temperature but little above normal.

Gave half grain of morphia hypodermically, applied cold to the head, mustard drafts to the temples and nape of the neck, elevated the head till he was almost in a sitting posture, and gave a hot foot bath. In about half an hour he fell asleep, resting fairly well through the night. The prodromal symptoms of a paroxysm were pain in head, beginning at the point at which he received the blow, (which was always sensitive to external pressure,) and from this point the area of pain widened out on all sides till it covered the entire head, then a vertigenous sensation was experienced, and with that unconsciousness rescued him from his extreme torture.

I witnessed several of his paroxysms, which were always accompanied by the above physical signs, and in addition he talked continuously in an excited and passionate manner, and always fancied himself engaged in something in keeping with the excited cerebral condition, fighting or engaged in some sport. He seemed in his wild delirium to as fully experience his fights and sports as he could have in the first place, and all the time engaged excitedly in conversation with "Bill," who had been, a year or two prior, an almost constant companion; sometimes exulting over winning money from other parties with "Bill," sometimes fighting for the possession of it; fighting the air with fists and feet, tearing the bedding with his teeth, sometimes singing and praying, making witty rhymes and funny, apt remarks, keeping the attendants, who were holding him on the bed, convulsed with laughter. On the return of consciousness he would tell "Bill" that the best of friends must part, that he would see him again, and good by. Then he would open his eyes, look around confusedly, and perhaps ask what was the matter, and immediately the paroxysm was off he felt well except a tired, sore condition of the muscles, from over-exertion.

His treatment consisted of full doses of the bromides of potassium and sodium, fl. ext. er-

got. Quietude and light diet were enjoined, with orders to stay out of the sun and refrain from the use of coffee and liquors, and especially the use of tobacco in any form or to any extent. On the 28th, contrary to orders and against the protest of friends, he rode a horse bare-backed, into the country ten miles, through the sun.

On the morning of the 10th of August I was again called to see him. Reached him while he was yet in a paroxysm, took up the same line of treatment as mentioned above. He had two more paroxysms by the middle of the afternoon, when I took from him about three pints of blood. On the morning of the 11th he had a very slight paroxysm at which time I again dismissed him with the same precaution and directions as before. Since that time he has had a few paroxysms, though none now for about five months. He was kept on large doses of the bromides and ergot till about the middle of October, when the amount was gradually diminished till the 15th of November, when it was entirely left off.

My diagnosis was active cerebral hyperæmia. Was it correct or not?

There were some symptoms absent in this case which are generally present. The one of most importance was insomnia and restlessness. There was very little of either, his sleep being sound and refreshing, unaccompanied by unpleasant dreams or nightmare. Appetite all the while was good, no nausea, digestion perfect, bowels regular, no tingling or numbness in the lower limbs as is commonly the case.

He contended that his trouble all came from the blow on the head, and there was an area of about an inch over the seat of the blow which was quite tender, and from the center was a little protuberance.

Were the paroxysms caused by the binding down of a peripheral nerve in the cicatrix following the wound of the head, or from an irritation of the cerebrum by a spiculæ of bone under the seat of injury, or from an inflammatory process of some of the membranes, resulting from the blow, pressing against the brain, or were they caused directly by the excessive use of the pipe and indirectly by the heat and the plethoric condition of the patient? Or does the cause depend upon some other condition or conditions undiscovered yet by me?

If caused by irritation from a spiculæ of bone or pressure by an inflammatory process, or binding down of a nerve in the cicatrix, would the treatment have been sufficient to have finally given permanent relief, or would the paroxysms not have occurred at intervals as long as the cause existed, regardless of internal remedies?

Potts' Fracture.

Read before the Kansas State Medical Society at Salina, May 14, 1890.

BY L. J. LYMAN, M. D., OF MANHATTAN.

A simple Pott's fracture consists of a broken fibula, usually in its lower third, and a complete rupture, or nearly so, of the internal lateral ligament of the ankle joint.

In a more complicated case the lower fragment of the fibula may be torn from its attachment to the tibia, the internal malleolus may be broken off and the foot partially dislocated; or, more strictly, rotated outward, and the point of fracture of the fibula is pressed against the outer surface of the tibia.

This lesion should not be confounded with a simple fracture of the fibula in its lower third, for there must be rupture of the internal ligament or fracture of the malleolus, to constitute a genuine Pott's fracture, not a particularly serious affair after all.

The principal points in diagnosis you are familiar with, and I will call your attention to but one or two hints:

1. Be sure this ligament is ruptured. If the astragalus is rotated outward, or can be made to assume such position, the ligament or malleolus is broken, and you have a genuine case.

2. A crepitation upon pressure may sometimes be felt along the anterior border of the articulating surface of the tibia, just inside the malleolus, which will somewhat give the sensation of comminution, but which is simply the bony particles adhering to the torn ligament, rubbing on the roughened surface of

the bone from which it has been detached—for the tear is generally along the border of the malleolus, and adjacent anterior margin of the tibia.

The fractured fibula is liable to receive the greater share of attention, but that which is the most serious factor in this sort of case is this torn ligament, and unless it is properly healed, a good joint cannot be expected. There can be no shortening unless the lower end of the fibula is dislocated and even then the probable tendency would be to elongate. from contraction of the peroneus brevis.

The indications for treatment are threefold:

1. To repair the internal ligament.
2. To prevent as much as possible false anchylosis.
3. To hold the fibula in its normal position.

To meet the first the foot must be inverted and retained, so as to approximate the ends of the torn ligament.

To meet the second, passive motion must be commenced early.

And for the last, pressure must be made along the borders and below the point of the external malleolus, which will lift the broken fibula away from the tibia.

The Dupuytren splint is the stereotyped appliance for this fracture. It consists of a thin board about three or four inches in width and long enough to extend from below the head of the tibia three inches below the foot. A wedge-shaped pad is placed upon this so that its thick end will rest against the leg just above the internal malleolus, the thin part extending upward. The leg is then bound to this, which gives the necessary invertion to the foot, but that is all. The fibula cannot be held in its proper position and of course there can be no motion, without removing the dressings.

To more perfectly meet the requirements, I now use this appliance: It consists of a long bar with suitable pads and straps to fasten to upper part of leg, and thus keep the lower parts of the brace in position at the ankle. Near its lower extremity is a large pad for pressure just above the inner malleolus, and at the end is another pad with suitable straps, etc., for counter pressure, which is applied on the other side and below the external malleolus. At a point opposite the articulation, is a joint which permits free forward and back movements. At this same place is another joint at right angles with the first, which is worked by a thumb screw. After the brace is snugly buckled to the foot, by turning this screw the foot can be fully inverted, and held there, without interfering with passive motion forward and back.

This instrument fills all the requirements. No bandaging is required. The torn ends of a ligament are approximated as closely as possible. Passive motion can be carried on at any time, without interfering with the dressing in the least. The counter pressure around the extremity of the fibula brings the fractured ends in apposition away from the tibia, and with the help of the interosseous membrane keeps them there, although Hamilton, in his "Fractures and Dislocations," says he was never able to accomplish it. No splint is to be applied along the fibula. It needs none.

About the tenth day moderate passive motion should be commenced, and followed up every other day until the end of the third week, when it should be practiced every day, each time endeavoring to carry the foot to a right angle if not too painful. For the point which interferes most with walking, after the patient gets up, is along the anterior inner margin of the articulating surface of the tibia. At the end of the fourth week the shoe should be attached to the brace and the patient put upon crutches with instructions "not to baby" that ankle. This should be worn constantly when out of bed, for three or four weeks, or until the patient feels no sense of weakness on inner side of ankle, when we may conclude that the ligament is firm.

In a genuine Potts' fracture there must necessarily be, eventually, some false anchylosis of the ankle. The process by which the internal ligament is repaired, must form more or less adhesion within the articulation which will require time to remove. There will also be considerable enlargement of the internal malleolus, in consequence of the tearing out of the ligament, and the necessary exudation in the separation process. But the greater

part of this will subside, but it will not, at least for years, be as small as that of the other foot.

DISCUSSION.

Dr. Bidwell asked if the pad applied over the seat of fracture would not cause trouble?

In reply, Dr. Lyman said he had to avoid that trouble by changing the instruments as made by the maker.

Dr. Cordier thought plaster of Paris answers quite well, and while he thought the instrument a very ingenious and perfect one, he still thought he could do without it.

Dr. Lyman said plaster of Paris would not do at all. Passive motion must be kept up, and can not be done with the plaster.

Dr. Cordier referred to a case he had treated with plaster, and had good results.

Infant Feeding.

Read before the Academy of Medicine and Surgery, Topeka, May 14, 1890.

BY DEBORA K. LONGSHORE, M. D., OF TOPEKA.

The era of preventive medicine is rapidly advancing, and the question, "How can we keep our children well?" is quite as often asked of us as "What can you do to ease the present ill?" Sanitary surroundings and placid minds we concede to be necessities to a fair amount of health; but how shall the child be fed? is frequently a vexatious question. Nourishment from the breast of a healthy mother is a matter that needs no discussion; that from an unhealthy mother needs very little, except to convince her that it is best to stop it.

The question then remaining to be discussed is how to feed children, particularly in the summer time, in an artificial manner? The country is flooded with literature on the subject, and many good hints are found therein. No package of baby food is complete without its wrapper, which tells how superior this particular preparation is to any other in the market; how to dress the child in soft flannels to keep him cool all summer; to keep the bottles clean; to prepare the food fresh each time, and cook it so many minutes, &c. The mother is in high feather—she has found the panacea for all baby ills, until, alas, one day she discovers that monster among evils, indigestion. Then the war begins and this enemy outgenerals the faithful, the vigilant, the scrupulously clean, the over-anxious, the careless, the dependent and the inventive. I said the question of nourishment from a healthy mother needed no discussion, but that is a mistake; how long it should be continued is a matter of difference with some persons. A lady told me not long since that her mother, who is a practical sensible woman, said no child should be nursed after it was a year old. But her husband, who is a good sensible doctor, said to let well enough alone. If she and the child were both in a thriving condition it was all right to continue longer.

Who could give better advice than this. The mother should nurse her child until sixteen teeth have been erupted—all other things being equal. Endurance of the mother is always to be taken into consideration. The question of the mother's food is another important item, for we must believe that the best of milk is made from vegetable food, as our greatest milk giving animals are herbivorous; therefore we conclude that mothers, during lactation, should eat but little meat, and study and try to use the kinds of food that best produce milk. Drinks should also be taken with judgment. I believe that cocoa makes good milk, while tea retards the flow. Many mothers drink the latter in abundance thinking it a stimulant to the lacteal gland, but I am convinced that this is a mistake—the supply would be plentiful without the tea.

In many cases, if the mother drinks hot milk the flow of milk will be increased. It is a mistaken idea that adults should not drink milk. They drink it when eating other nitrogenous foods—meat and eggs—and that is the reason it does not suit them. How much and how often should the child be fed? are questions often asked of us. Every two hours is a common and good rule for infants under three or four months; quantity two or three ounces. Though this rule is varied with good results every day. When we start out among artificial foods we enter deep and troubled

waters. Most writers say that good cow's milk is the best food for a child if it cannot have nourishment from the mother. I believe it is a fact that more children are successfully fed upon good cow's milk than upon any other food, but the many eminently unsuccessful cases make us look about to find the next best substitute for mother's milk, and if that does not suit then for a third best. Goats milk is much like human milk, as the cheesy matter is easily digested. If the mother or the physician to the child can feed the goat, then that question is settled, but hardly without it, for she is proverbial for eating anything she may find or her master may give her.

This winter's experience with milk from cows fed with sour food has been convincing to me that more than garlic can penetrate and permeate through and through from a starch factory, by way of a dairy, to one's own breakfast table. And the smell and taste of the contents of a small pitcher makes one wonder why the corn at twelve or fifteen cents per bushel must have the good taken out of it, and more than anti-prohibition put in, before it is fed to a cow. The bacteria of cholera infantum and gastralgia must infest such milk. Supposing the animal to be healthy, and the milk produced from good food—grain and grass, and we still find indigestion—then add lime water, a teaspoonful to a teacup of milk, and two or three grains of lactopeptine or pancreatine, never so much, I think, as the directions given with the preparations, for they make the milk thick and unpalatable. A good plan is to try the pepsin in the milk, and if the amount suggested proves to be too much by making a cheesy mass, then use less next time. A good plan is for the mother to make the pepsin herself from a fresh calf's rennet. Wash it as little as possible and dry with salt; then soak a small piece each day, and put the water in the milk. Salt is an aid to digestion, so says Dr. Jacobi—it invites moisture to the intestinal tract, thus lessening constipation, as well as aids in forming hydrochloric acid.

If milk is not digested, and we are led to think the child has been fed on carrion, so foul are the stools, try diluted cream prepared as the milk has been.

Now we have found the solution of the summer's troubles. The stomach is relieved of its daily toil, and all this work is to be done in the duodenum, aided by the pancreatic fluid. Mix with the cream the oatmeal water, and we have a combination that should make a well child strong in either Ireland or America. Alas, the second one fed in this way becomes thinner and bluer every day, and we hurry to the store for a can of condensed milk. Happy thought whoever conceived the idea that milk condensed by heat below the boiling point would preserve it.

The addition of sugar of milk aids digestion, or lessens fermentation, and here we find another help in what we thought fit only for an arctic expedition or a third-rate boarding house. The fact that it suits the child's stomach is found in the finely divided curd, rather than a mass, into which the digestive ferments cannot penetrate. Modern invention has helped us out of trouble for one season, and we breathe easier for a few days until we discover Carrnick's food, and buy a fifty cent can. Baby likes it, and a four dollar can is brought into the house. Baby thrives, and another four dollar can is procured. Expensive. But, dysentery? No, simply indigestion, and half of the last package is sent to the foundling hospital. Then we try Mellen's, and a host of others; all of which have their virtues and deficiencies. Which is the best? Individuals tell different stories, because they honestly believe to be the truth what they have experienced. One says our child thrived upon this food. The next neighbors did not, but his good humor and rosy cheeks dated from a change to another well advertised sort that perhaps a third could not take at all. Then we set to work on a succession of careful experiments—trying meat and fruit juices, inunctions and rectal injections, anything and every method of nourishment that can be thought of, until the stomach regains force enough to retain and digest milk warm and fresh from the cow, milked into a cup, and carried to the child before it loses its animal heat.

The microscopist tells us that milk, before it loses its animal heat, if placed upon a slide will show an amœboid life. May not this aid materially the work of digestion? The fact

that warm milk is more easily digested than cold, was proven to me in one case last year, after a severe fever. A beautiful child who could take no milk or cream, however prepared, before her illness, was given warm milk day and night for weeks within three minutes after it was drawn from the cow, and she grew strong upon it. Yet another did not thrive upon the uncooled milk when the cow was driven into town for her benefit, but she did when given Carnrick's or Mellen's food. These differentiations in digestion make the child sick and the mother over-anxious until the doctor arrives to settle the vexed question. He advises Nestle's food nine times in ten.

This proves to be just the nourishment that baby needs by his restoration to health and vigor; and another thing is proven at the same time, that these products of all the principles in grains, starch, albuminoids and sacharine, are good palatable nutritious foods, else why should they have such enormous sales for years and years. Proprietary remedies are like doctors—they are known by their works or they leave the field.

If possible take the child out of town, where it may have plenty of fresh air and sunshine, but for the largest half of the cases we must treat or advise, this cannot be done, and plans to suit the emergency must be devised. The possibility of milk reaching the child before it has lost its animal heat is so small in any number of cases that the journals instead contain many articles upon sterilized milk. Less heat than the ordinary boiling point will kill any impure matter in milk that is at all fit for use, but if boiled a laxative will be needed sooner or later.

Another most important matter for guardians to observe and physicians to insist upon is, that children under one, two or even three years' of age, should not be taught to eat a variety of food. If they are not allowed to taste meats, pastry or confections, they know nothing about such appetites. A child would not cry for fried potatoes before he was a year old unless some one had taught him that they were good to eat. A medical man's late interview with a Fulton street manufacturer, says: "Candy is good for children, and that a pretty box of bon-bons made of sugar, glycerine, a little corn starch and flavors, won't hurt any one unless they eat too much." And a recent experience has led me to think that one reason Missouri urchins are so healthy is, because they half live on hickory nuts. We have been taught to not eat too much fat, yet we prescribe cod liver oil, sweet oil and other oils as inunctions, and know that our patients thrive upon them. Any nurse or doctor knows how much less medicine is necessary in a scarlet fever case when oils are used freely externally. I can but think there is not enough of oils in prepared foods for infants. Most little children like bread and butter. Many have been scolded for eating the butter and leaving the bread. They may have been wiser than their parents and acted according to their wisdom. No greater compliment is ever paid an artist than to say, "How real are his works." No greater compliment was paid Ellen Terry when in this country than the universal exclamation, "How natural!"

No better rule can be applied to alimentation. When the natural source cannot be relied upon, diligently search that which is most easily taken care of by the stomach, or the most natural mothers should be urged to nurse their children, and not be led to think the new food preparations so good that they can more than take the place of their own milk.

Potatoes and rice are neglected foods, particularly rice. Most children will like it if they are not taught to eat too many kinds of food. I believe above all the food to be avoided is flesh. Little children do not need it. Too many kinds of nitrogenous food are not well digested if put into the stomach at one time. Milk and good fresh eggs cooked rare are enough. When the child is sick anything that he can take is right for the time being, but to keep him well feed him upon a small variety of food.

To furnish a wet nurse can hardly be called an artificial manner of feeding, yet one is often resorted to. Dr. Routh, in Wood's Library, discusses this matter at length, particularly in relation to illegitimacy. Higher wages often being paid to mothers of illegitimate children. It would seem that the danger of specific taint was greater in this class, though I do not

know that this has been proven by statistics to be the case. A limited experience in this town with such nurses has proven them untrustworthy. In large cities I have found good and noble women trying in this way to earn bread for their children. In our southern states before the war, it was the usual custom for slave mothers to nurse both her own and her mistress's child; and, as the mammies express it, "We were fed high that we might rear both good sons and good servants for our masters." They pointed with pride to the white child, that thought more of its black mammy than of its white mother, and in many cases they were the better nourished.

Obstetrics and Gynecology.

Read before the American Medical Association at Nashville, Tenn., May 20, 1890.

BY E. S. M'KEE, M. D., CINCINNATI, OHIO.

Dr. Franklin H. Martin, of Chicago, read a paper, the title of which was "A Plea for Early Vaginal Hysterectomy for Cancer of the Uterus." Dr. Martin had collected 134 cases of vaginal hysterectomy, which had been performed since January 1, 1885, with the idea of getting at the future immediate mortality of this operation. Received replies from 25 prominent operators, representing 134 operations. The mortality was less than 15 per cent. Of the 25 operations 4 had operated but once, 3 twice, 2 three times, 3 four times, 5 five times, 1 eight times, 1 twelve times, 1 thirteen times, and 1 twenty times. The average mortality of the operators having the greatest number of cases was but 10 per cent. The operator having the greatest number of cases has also the smallest mortality; the mortality being but 5 per cent. The operator having the next highest number of cases has also the next lowest mortality; the mortality being 6.6 per cent. The following is a summary of Dr. Martin's paper:

1. Vaginal hysterectomy is the most justifiable procedure we yet know for cancer of the uterus.

2. Vaginal hysterectomy should be attempted for cure of cancer of the uterus, at the earliest possible moment after the disease is diagnosed.

The following facts are given in support of the foregoing proposition:

(a) Vaginal hysterectomy will remove the entire disease, in cancer of any portion of the uterus, in a greater proportion of cases than will any other surgical procedure now recommended.

(b) Vaginal hysterectomy for cancer of the uterus, will enable the operator to go farther beyond the diseased tissue into healthy tissue, than will any other surgical procedure.

(c) Vaginal hysterectomy is a more ideal surgical operation, and leaves the remaining tissue in a less favorable condition for the return of the disease than will any other surgical procedure.

(d) Vaginal hysterectomy for cancer of the uterus, will give in the future an immediate mortality among general operators of not less than 10 per cent., while in the hands of experts the mortality will not exceed 5 per cent.

The independence of menstruation on ovulation has received a novel support by Dr. Paul Albrecht, L'Anomale 1899, II. 2. He has made the observation that there is a regular periodical appearance of the white blood corpuscles in the urine of man, which continues for three or four days and again disappears, looks on this as a kind of a menstruation. This does not look so impossible, when we remember that persons having a high grade of hypospadius sometimes have regular sanguinous discharges. Albrecht, on this ground, expresses his belief in the independence of menstruation from ovulation. There are, in the broad field of comparative anatomy, opportunities for further research in this line.

"Carcinoma Recti as an Indication for Induced Labor, and as a Cause of Puerperal Fever Epidemic," is the subject of a paper by Loehlein in the *Zeitschrifts fuer Geburtshulfe und Gynekologie*. The author was able to find only two cases in the literature in which carcinoma recti became an indication for the induction of premature labor through the narrowing of the space for the exit of the child. The author reported one case where

this became necessary—it had been deferred till no longer operable. Although the case was considered to be one of considerable danger, labor was induced with success. Extirpation of the rectum was then done, the operation resulting favorably. It was however followed by a puerperal fever epidemic, which commenced with an erysipelatous affection of the child and spread to several lying-in women.

Dr. C. D. Palmer, professor of obstetrics and gynecology in the medical college of Ohio, and gynecologist to the Cincinnati hospital has, with the valuable mechanical assistance of Max Wocher & Son of Cincinnati, instrument manufactures, gotten up a new forcep. The following are the points:—Long forceps, weight 18½ ounces, length 14.5 inches, fenestræ 4-81 inches, distance between blades 2.87, distance between tips of blades .75. They have a good pelvic curve and a double cephalic curve in blades, and an English lock. The handles have a slight backward curve equal to forward curve of pelvic blades. There are tractors on the handles, and the handles consist partly of wood and partly of metal.

The short forceps have a weight of only 12 ounces, and a length of but 11.27. The fenestræ of the blades are 4.18 inches long. The shanks are like Simpson's. The English lock. The distance between the blades at their widest part and at the tips, is about the same as long forceps. The handles have the backward curve also.

Peptonuria during pregnancy, formerly thought by Koünitz to be present only in those cases where the fœtus has died and become macerated, has been found by that author, *Deutsch Med. Wochenschrift*, to be present also when the child is alive. He does not, therefore, consider it a pathological symptom of a macerated fœtus, but thinks it due to the destruction and resorption of the albumen which must be eliminated. He considers it only a physiological process.

An extraordinary story is told by the *Revisita Med. de Bogota*, in which an Indian woman at Jambalo, in Columbia, gave birth to four children on different days, as follows: October 26 a boy, October 29 a girl, both living long enough to be baptized; November 4 a boy and a girl, the first not being viable, the other died a few minutes after birth.

A new curette is described in the *Archives de Tokologie*, March, 1890, the invention of Dr. Jetzner of Geneva. The peculiar advantages are that it can be taken apart and carried in a very small case in the pocket, permits of thorough asepsis, and is so arranged that the scraping part can be changed from sharp to dull at will.

The French Minister of the Interior having asked the Academy of Medicine if it would be advisable to request the pharmacists to sell antiseptics on the prescriptions of midwives possessed of diplomas, the Academy nominated a commission for the consideration of the subject. The commission, consisting of Messieurs Bourgoin, Gueniot and Budin, according to the *Archives de Tokologie*, reported in favor of dispensing the sublimate solution and phenic acid on the prescriptions of midwives.

Perineorraphy.

A paper as read before the Central Branch Medical Society June 5, 1890.

BY M. N. GARDNER, M.D., OF GREENLEAF, KAN.

GENTLEMEN:—In my paper this afternoon I do not intend to quote to you the literature of various authors on this subject; neither do I expect to tell you anything new; but I wish to report to you a case of perineorraphy, as operated upon by myself and Dr. R. H. Mitchell, of Linn, Kansas.

Mrs. H——, of Sherman township, Washington county, Kansas, age 30; two children, oldest four years, youngest six months. Previous to first confinement health good. A strong robust woman.

Since first confinement health very poor, pains in back and limbs, frequent micturition, despondent and irritable; unable to walk up stairs, to carry a pail of water, or to do her own work.

She received treatment from a number of physicians, and one was paid to come here from Chicago; but their treatment was only temporary. All recognized her condition,

suggested what should be done, but pursued a course of palliative treatment.

In November of 1888 she came to Dr. Mitchell; he called me in consultation; examination per vagina revealed an incomplete ruptured or lacerated perineum, vagina red, inflamed and very sensitive to touch; erosion of the neck of uterus, and a yellow offensive discharge protruding from os; uterus enlarged and prolapsed, also cystocele.

Our treatment was as follows:—We painted the neck of uterus with iodine; cauterized os externum, and tamponed vagina with cotton saturated with powdered boracic acid. We continued this treatment for two weeks. Gave her internally laxatives and a little quinine. Next we performed the operation called perineorraphy.

After securing the necessary assistants we chloroformed our patient, and proceeded to denude the necessary surface of the vagina; we used a pair of curved scissors and a tenaculum; we denuded about two and a half by three inches, giving us a good broad surface to bring together; we used ice as a hæmostatic; we next placed our stitches, using a common curved needle about two and a half inches long, and with silk sutures; we used seven sutures, being very careful to have them well buried in the tissue, but not deep enough to interfere with the bowel. After all hemorrhage had ceased, we cleansed the surface thoroughly with a carbolized solution, and then tied our sutures, adapting the edges of the wound very carefully. We bandaged her limbs together and left our laceration to heal, drawing her urine in the meantime with a catheter.

The fifth day we removed the bandage from her limbs and examined our wound. We found it had healed from the bottom about two-thirds of the way up by first intention. After this we cleaned the parts daily. We removed the stitches on the eighth day. Her bowels moved on the tenth day. The balance of the wound healed by granulation, leaving her a healthy vagina, and making us very proud of our operation.

I made an examination one year after operation and found a healthy uterus and vagina. The dragging sensations had left her back and limbs. She was now able to go up and down stairs with impunity; was doing her own work, and to use her own words, "It had made a new woman of her, she was herself once more."

In conclusion I will say, that the result of this operation is not always satisfactory, even under the most skilled treatment. The operation is not a difficult one, but the after treatment is both tedious and tiresome, and you must get a good big fee to remunerate you for your trouble and pains.

Jottings.

BY DR. DRAPER, OF OSWEGO, KAS.

In November, 1886, a German farmer aged 44, was shot in the face with a 36 caliber pistol, his assailant standing about ten feet in front of him when firing. The ball entered half an inch outside the alæ of the left nostril, carried away the molar teeth and passed directly backward through the soft palate. He fell unconscious and bled profusely, so that he was almost exhausted when a physician arrived. Consciousness returned after some hours but he could not swallow. This difficulty was soon overcome by inserting a soft catheter (the only thing at hand) down his throat, and, with a syringe, filling his stomach with milk or water as hunger or thirst demanded for two or three weeks. He suffered intensely all the time and could lie down only on his stomach. The head was fixed with the chin elevated and turned to the right. At about the third week the root of a tooth was dislodged from the back of the pharynx, left side, affording some relief. Soon after he complained of pain near the left mastoid process, about the point where the probe was stopped when passed in the original wound. Exploratory incisions were made over this point, under chloroform, and traces of lead found on the transverse processes but no ball. In trying to pass a probe from the front to this opening another root of a tooth was dislodged. This relieved his throat so he could swallow fairly well, but the neck remained stiff as ever. Suppuration began at the new opening and in a week or two three or four small pieces of bone were discharged. At about the close of the second month he began to have fainting spells and to

complain of severe pain under the occiput an inch to the right of the center. A deep incision at this place found a small pocket of pus surrounding a fragment of bone the size of a small pea and the occiput laid bare over a space the size of a dime. Searching to the left other fragments were found and after much difficulty removed. The largest piece was the posterior part of the atlas, an inch in length and full thickness. The spinal cord could be felt but was naturally touched very gingerly. The upper border of the spine of the axis was deeply grooved by the ball, but the ball itself was not found. This operation relieved all pain and loosened the neck but did not satisfy the patient who was determined "de dock mus git dat ball." Two or three weeks later he had a troublesome cough with the throat sore on the right side. The throat grew worse and one morning he inserted his finger to examine a "scratchy place;" had a violent coughing and strangling spell and discharged a badly battered bullet from the vicinity of the right tonsil. All bad symptoms immediately disappeared and the man has since followed his occupation of farming and stock raising. The motion of the head and neck seems a little stiff, otherwise they are about as usual. The case was in the hands of Dr. Howard Cook—now of Omaha, Neb.,—who was counseled and assisted in the operation by Dr. J. J. Kackley of Chetopa, and the writer.

Three years ago a full report of this case was sent to an eastern journal, but declined by the editor on the ground that it "lacked sufficient exact data for publication." I suppose he thought we ought to have held a post mortem.

* * *

On August 20, 1889, Dr. E. E. Liggett was called to see a boy, aged 9, of Scotch parentage, complaining of intense pain immediately above the left inner malleolus. This was the fifth or sixth day he had been suffering without cessation. No history of injury of any kind. Dr. Liggett diagnosed periostitis and a day later was able to detect pus. Under chloroform the inflamed spot was opened and pus flowed freely. Some necrosis was detected but it was not thought to be extensive and repair was hoped for after the probable separation of a sliver of bone. Within a few days it was discovered that the necrosed area was extending, and resection was advised at once. More delay was caused by the absence of the boy's father, so that it was the sixteenth day before the operation was performed. A free incision was made along the inner surface of the tibia down to the bone, the periosteum stripped aside to a point half an inch or more above the necrosed surface—the dead tissue extending higher behind than in front—a chain saw thrown around and the shaft sawed through 2¼ inches above the epiphysis. A twist loosened the fragment from the epiphysis as the lower end was completely necrosed and capable of being crushed with the fingers. New clean sponges, and previously boiled and carbolized water were used in cleansing the cavity, a rubber drainage tube inserted and the stitches passed through the periosteum in closing the wound. No pus formed at any time, the tube was withdrawn the thirteenth day and in four weeks the periosteal cavity was completely filled with new bone. In six weeks he walked with crutches and has, for the past five or six months, walked and run as before the operation. There is no shortening nor stiffness of the joint, though the limb is a trifle larger than its fellow at the seat of operation.

I am indebted to Dr. E. E. Liggett for the case, to him and Dr. G. S. Liggett for efficient aid in the operation, and much regarding details to Neve's article in the *American Journal of Medical Sciences* for March, 1889.

* * *

Last summer I was called at night to attend a mulatto woman in her seventh confinement. The child was born before my arrival and my attention was not called to it. The next morning I was sent for, the mother explaining that some "little balls" were hanging from the child which she thought ought to be removed. On examination they proved to be the testicles which were both dangling by their cords from an orifice in the right side of the scrotum near the upper border. The orifice was surrounded by smooth cicatricial tissue and was too tight to allow the organs to be replaced. It was incised, as well as a similar one in the septum, and the left testicle easily

replaced, which so fully distended the contracted scrotum there was only about half enough tissue to cover the right. This was remedied by paring off the edge of the original orifice, placing the testicle in position and retaining it by several ligatures across the exposed surface until adhesion took place between it and the scrotum. Notwithstanding the difficulty experienced in keeping the parts aseptic the exposed surface was fully covered by new integument in two weeks.

I have no theory as to the cause of this odd dislocation.

Blindness From Babies' Sore Eyes.

Swan M. Burnett, M. D., (*N. Y. Medical Record,*) contributes an interesting paper on this subject. There are statistics to show that at least thirty per cent. of the blindness in Europe is traceable to this cause. Assuming that as great a percentage obtains in this country, Dr. Burnett proceeds to estimate the cost to this country. The support of 15,000 blind persons costs $2,000,000 annually. In addition to this actual expenditure, the loss of their services he estimates at $5,500,000 more. Besides this mere monetary view, there is to be considered the inestimable loss to the innocent sufferers occasioned by the want of that most valuable of all the senses—the sight. But the point which the writer wishes particularly to impress is the possibility that, almost without exception, every one of these cases of blindness could have been avoided. There are few troubles more amenable to treatment than *ophthalmia neonatorum*, if taken in time, and from the quantity that has been written and spoken about the subject in late years, one can hardly believe any physician could be ignorant of the treatment for this frightful disease; yet, but a few days since, we were informed of a physician who advised the mother to apply breast milk to the baby's sore eyes! Daily in hospitals are seen patients afflicted with partial or complete blindness, the result of this easily prevented malady.

Smallpox and yellow fever are greatly dreaded, and elaborate precautions against them are taken; yet Dr. Burnett says that it is doubtful whether the ravages of these two diseases in the last hundred years have cost the country as much as have the ravages of ophthalmia neonatorum in ten years.

He advises that the general public be better informed of the dangerous character of early inflammation in the infant's eyes, and, since these cases happen, as a rule, among the poor classes, he advocates the distribution, from house to house, of a card worded something like this:

HEALTH DEPARTMENT, DISTRICT OF COLUMBIA—IMPORTANT NOTICE.

If a baby's eyes run with matter and look red a few days after birth, take it at once to a doctor. Delay is dangerous, and one or both eyes may be destroyed, if not treated immediately.

This is the form of a card furnished by the eye infirmary at Sheffield, and such a card might be the means of calling many a mother's attention to the great danger of neglecting an inflammation in her baby's eyes, which she probably considers to be a simple "cold," and is treating, *seriatim*, with all the old wives' remedies that her neighbors can suggest.

CHLOROFORM IN THE ALBUMINURIA OF PREGNANCY.—Dr. A. W. Griggs, of West Point, Ga., states that he is in the habit of administering chloroform in doses of from twelve to twenty drops in sweetened water, four times daily, in cases of pregnant women in whose urine there is a great amount of albumen, and who have general anasarca. The result is almost invariably a marked diminution of the albumen and subsidence of the anasarca; he also believes that the occurrence of puerperal convulsions is prevented. This practice is said to have originated with Dr. H. V. M. Miller, of Atlanta, twenty-five years ago.—*N. Y. Medical Journal.*

OPERATIONS ON THE PROSTATE.—Dr. Wm. T. Belfield, 612 Opera building, Chicago, Ill., U. S. A. respectfully solicits information concerning unpublished cases of operations upon the prostate, especially for the relief of the so-called hypertrophy of the organ.

THE Tenth International Medical Congress will be held in Berlin, August 4 to 9, 1890.

Tests of Diet.

First—The steady gain in weight.

Second—Stools normal. Fat will especially be noted in indigestion.

Third—Sleep being normal.

Fourth—The muscles firm.

Fifth—Locomotion and dentition.

A child reared on artificial foods should be weighed each week, and a record kept of the weight; and in case there is no gradual increase, the diet must be changed in some way, probably by still further dilution. Never change the food of a child until extreme dilution has been tried. This may be continued for a time and gradually the diet increased in strength. In a case where there is an indigestion of the fats, the addition of Fairchild's Extractum Pancreatin, will correct this. Many drugs are not needed in the management of children; if special attention is directed to their diet their use can be avoided almost entirely.

Of other foods for infants, may be mentioned, barley-water, oatmeal-water, rice-water, whey, and beef juice. These can be used for a short time in case of sickness, where more substantial food cannot be retained. The white of an egg in half a pint of water may also be used.

Children are often almost starved, and this condition is frequently produced by over feeding. A greater amount of food is taken than can be digested, or taken at too short intervals, so that digestion is seriously interfered with, and the child is found poorly or not at all nourished, and such cases can be treated by regulating the time of feeding, the quantity given, and by having proper dilution. It is frequently very difficult to have parents understand this point, they thinking that a poorly nourished child should be crowded with the richest of food, neither do they understand how the withdrawal of food, and its exhibition in such a diluted form, can correct such a taste of starvation or malnutrition.

In summer, milk should be sterilized, and different methods are adopted for this purpose. The bottles should be washed first in cold water, then with hot suds, and again with soda-water; they should then be corked with cotton and baked in an oven, as many bottles being used as the child should have meals each day. With a graduate, measure the quantity of food for a meal, and put in the bottles, first having added whatever is to be in the milk; the bottle should then be corked with cotton and steamed in a steamer for three quarters of an hour, then set near the ice, and when wanted for feeding, warmed to the required temperature.

From the ages of one to three years, the basis of diet should be milk. One quart of pure milk given each day.

Other foods which may be allowed after eighteen months of age, are: Small quantities of roast beef, lamb, chicken and the white meat of turkey, and fresh fish broiled or boiled; after two years of age, they can have potatoes, asparagus, peas, boiled onions and stringbeans, all well cooked. In cereals, children can have strained oatmeal, wheaten grits, rice and barley. For deserts they can have plain custards and rice puddings; fresh fruits in season, in moderate amount.

HOW TO ELEVATE THE PROFESSION.—Encourage all starting in life by yourself becoming reminiscent. Established merchants, encourage young merchants by telling when you got your first customer, and how you sat behind the counter eating your luncheon with one eye on the door. Established lawyers, encourage young lawyers by telling of the time when you broke down in your first speech. Established physicians, encourage young doctors by telling how you yourself once mistook the measles for scarlatina. Don't walk around with a profundity and overwhelmingness of manner as though you were one of the eternal decrees. And if you have nothing to say that is encouraging, put your teeth tightly together, and cover them with the curtain of your lip; compress your lips, and put your hand over your mouth, and keep still.—*Texas Courier Record of Medicine.*

A GERMAN practitioner has just discovered that electricity from dynamos can be employed for medical purposes in his office. This has been done in America for years.—*Times and Register.*

Excerpts from Foreign Literature.

CLINICAL CONSIDERATION OF THE DISEASES OF THE SEMINAL VESICLES. BY DR. M. HORWITZ, VIENNA.

Primary acute affections of the seminal vesicles are extremely rare. The affections are mostly of a secondary nature. As cause the following may be brought into consideration: Acute and chronic gonorrhœa, strictures of the urethra, tuberculosis of the prostrate and bladder, malignant tumors, infiltration of urine, pyæmic and septic processes. Also in gonorrhœa. Spermato-cystitis is rare, and the rare occurrence of this disease stands in a relation, not explained yet, to the so frequent sympathetic affection of the neighboring organs. Spermato-cystitis occurs in acute gonorrhœa of the posterior urethra, or in chronic gonorrhœa with acute exacerbation.

The symptoms of the disease are fever, spasmodic pains radiating from the perineum to the urethra and bladder, strangury and troublesome voluptuousness. At the climax of the attack a contraction of the perineal muscles takes place, with the discharge of a turbid, thick fluid consisting of spermatozoa, pus corpuscles, and a few epithelial cells. A swelling of the seminal vesicles, with pain on pressure, may be observed on examination per rectum. But all these symptoms furnish only, then, certain diagnostic points, if simultaneously an epididymitis be present. The prognosis of this disease is favorable. In severe cases it may go on to hæmato-spermia.

The treatment consists in continences (for weeks) cold applications to the perineum, and regulation of the intestinal functions. The gravest form consists in suppuration of the seminal vesicles, in which process the prostrate and the ampullæ of the vas deferens suffer sympathetically, also general infection may threaten. The latter is especially apt to result in narrow strictures, and leads to the formation of fistula.—*Centralblatt fur Klinishe Medicin* 13, 1890.

"THE *Times and Register*."—The Hahnemann college graduated sixty-four on Wednesday. The address was given by Dr. John E. James, and was devoted mainly to the abuse of the regular medical profession, the medical examiners' bill, and the newspapers which favored that measure. This matter of abusing others who are engaged in the same profession is pretty small business. Every physician practicing medicine believes just about what the homœpathists do except that homœpathy excludes some good things. A regular physician can conscientiously subscribe to all the doctrines of homœpathy except this single narrow minded belief. The homœpath is on a par with the landlord claiming to have upon his table everything that is good to eat. It may be that everything on his table is good but the average man has never seen one table on which was placed at the same time everything edible in the world. He is inclined to think that even in the course of his own limited travels he has seen some good thing which our confident landlord does not possess.

DR. C. H. MOORE, of Indianapolis, says that he has treated a number of cases in which the ocular symptoms could be referred to rhinitis and its complications, and was relieved by treatment directed to the nasal disorder. The ocular manifestations are as follows:

1. Burning and smarting sensation of the eyelids, especially in the morning.
2. Difficulty to distinguish an object in an ordinary daylight.
3. Increased vascularity of the conjunctiva and lachrymation on exposure to the air.
4. The sound condition of the eyes and their appendages.
5. Failure of ocular and general treatment.
6. The efficiency of nasal treatment.

—*Jonrnal of Respiratory Organs.*

CAMPHORIC ACID has been recommended in the treatment of night sweats of Phthisis. The disagreeable after effects of atropine are absent, viz: dryness of the throat, dizziness and restlessness, difficulty in swallowing and disturbance of appetite or digestion. Some of the patients treated ascribe to the remedy a soporific influence, but this is probably due to the fact that after the cessation of the night sweats they feel more comfortable and are disposed to sleep.

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TOPEKA, KANSAS, JULY, 1890.

Alcohol.

We desire to call the attention of our readers to the positions and conclusions of an article published in the Transactions of the Kansas Medical Society (see Transactions, vol. I, page 297,) and to ask them to compare them with those of the recent address of Prof. N. S. Davis on Practical Medicine, made before the American Medical Association, May 21, 1890 (see THE JOURNAL May 24, 1890.)

If Mr. Davis is right, and we think he is, the paper of Dr. Schenck has fifteen years precedence, and the doctor had published articles occupying the same ground ten years prior to that time.

We briefly notice a few of the points in these papers.

Dr. Schenck says: "The title of the topic assigned to us is that of the *prize essay* of Prof. W. B. Carpenter. If we differ in our conclusions from that distinguished physiologist, it may only prove that science has not dallied in the lap of conservatism. Though the action of alcohol has seemed long settled, we believe it is imperfectly comprehended," and asks, "What is alcohol, and what physiological and pathological changes does it produce?" Dr. Davis asks, "What are the effects of alcohol upon the functions of the more important organs and upon the constituents of the blood and tissues of the living body?"

Dr. S. shows that the influential writers on the subject have almost unanimously decided that alcohol is a nervous, cardiac and muscular stimulant, and shows from their own statements and his observation and experience, that it blunts nervous sensibility, retards metamorphosis, diminishes glandular activity, decreases bodily heat and lowers vitality, and that its action is analgesic and anæsthetic.

Dr. D. says: "I am well aware that the foregoing practical deductions" (that alcohol is an anæsthetic and not a stimulant,) "founded on the results of numerous and varied experimental researches and well known physiological laws are in conflict with the very generally accepted doctrine that alcohol is a cardiac tonic, capable of increasing the force and efficiency of the circulation, and of conserving the living tissues and therefore of decided value in the lower grades of fevers." His address showing that in typhoid fever and pneumonia the death rate is much greater where it is used than where it is omitted, or only the lighter wines are used.

Dr. S. says, "When swallowed, there is abundant proof that it is not susceptible of change either through the action of the salivary secretion or the gastric or pancreatic juices. Undigested or unchanged it is taken into the circulation, and may soon be found in every part of the organism, but most largely in the nervous tissues."

Dr. D. says, "When it is taken into the stomach in a diluted form it undergoes no gastric digestion, but is rapidly absorbed and carried directly into the venous blood, and through it reaches first the liver and lungs, and from thence in the arterial blood it is carried into every organ and tissue of the body."

Dr. S. declares that its action is antipyretic, analgesic and anæsthetic, and that it checks both constructive and destructive metamorphosis, and diminishes both the excretory products of the body and the activity of the excretory organs, and that an agent producing

such results cannot by any possibility be a stimulant.

Dr. D. asks "What effect is produced by its presence on the constituents of the blood, on the functions of the brain and nerves, on the metabolic processes and on the temperature of the body?" and answers: "According to the accepted formulas the complete oxydation of one grain of absolute alcohol liberates nine kilogram degrees of heat. * * * The most recent and accurately conducted experiments of Dr. Edward T. Reichart, Professor of Physiology of the University of Pennsylvania, (see *Therapeutic Gazette*, February 15, 1890,) shows results decidedly the reverse. * * The actual resulting temperature is lowered."

Dr. D. concludes that "by its anæsthetic properties it quiets the patient's restlessness, lessens his consciousness of suffering and diminishes excito-motor and vaso-motor nerve force, with moderate reduction of temperature while by its direct diminution of tissue, metabolism and excretory products, it favors the retention in the system of both the specific causes of disease and the natural excretory materials that should be diminished. And though the immediate effect is to give the patient the appearance of more comfort, the continued retention of the morbific cause, the diminished action of the excretory structures and the diminution of oxyhæmoglobin all serve to protract the disease, increase molecular and tissue degeneration and add to the number of fatal results.

Dr. S. says, "From whatever standpoint we examine alcohol we find its action that of an anæsthetic. Instead of stimulating it lowers vital action, lessens pain and anxiety, prevents and relieves shock and decreases metamorphosis, and herein is its use. * * We have attempted to reason candidly from facts recorded and observed; and when we know that it deadens sensibility, decreases metamorphosis and lowers vital activity, we can comprehend its use, and can understand how drunkenness and the terrible catalogue of diseases, mental, moral and physical follow its abuse."

Though Dr. S. has for so long a time practiced and published his views on the therapeutic action of alcoholics, he has stood almost alone, both in and out of the profession, and we are glad to see them so clearly stated, so ably defended by one of the leading members of the American profession.

Disagreeing Doctors.

A short editorial under the above caption appeared in the May number of the KANSAS MEDICAL JOURNAL. The secular press of St. Louis ever on the alert for sensational news has evidently led the medical press astray, in publishing exaggerated accounts of minor disagreements among the profession of that city from time to time. The article to which the JOURNAL called attention was in relation to the resignation of several professors from the college of Physicians and Surgeons. As related by the secular press the impression given to the public was, that great injustice had been wrought, and a great wrong had been done to somebody, and consequently the medical men were at swords points, and annihilation was the early doom of the profession of St. Louis.

During the latter part of May we had an occasion to spend several days in St. Louis and devoted our time to visiting the physicians of the city, and were happily surprised to see the general good feeling manifested toward and the pleasant association of the supposed-to-be bitter enemies with each other. There may be enmities, strife and jealousies in the ranks of the profession in that city, as there is in every city of our country, probably; but we feel sure from personal observation that there is but little if any more in the profession in St. Louis than in any other city of equal size in America.

There being five medical colleges, in a city of 500,000 inhabitants, and those colleges organized and conducted by physicians who have had experience in colleges, is an evidence of progress, of stamina, of determination on the part of a large per cent. of the physicians to get to the front, or as one professor remarked, "to get as near the band wagon as possible." Those who do not want to hear the band should recline by the wayside, and the procession will march on and the intervening space

will soon widen into a growing gulf which will be as impassible as the one between Dives and Lazarus was reported to have been.

The physicians of St. Louis are able to care for themselves. Their work is telling—merit is winning. They ask no apology, and make no explanation. They do not need to. But the JOURNAL in that editorial repeated a gossip which cast a shadow of suspicion on good men and possibly on the medical profession of St. Louis, and as a matter of justice, and living the sentiment of the Golden Rule, we desire to correct any false impression and give the facts as witnessed.

The Kansas Medical College.

The first announcement of the Kansas Medical College is before us.

The requirements are up to the standard. We believe the promises made are in good faith and will be carried out in spirit. The faculty is complete showing a distribution of the work which enlists a greater number of physicians, and renders the labor less burdensome.

It also insures personal interest in the student and an opportunity for him to do practical work under the supervision of a teacher.

The JOURNAL rejoices to see the stand taken by the Kansas Medical Colleges on the subject of education and the time required for graduation.

In the mechanical make up, subject matter, and plan mapped out by the catalogue the JOURNAL is pleased.

THE Mississippi Valley Medical Association will hold its seventeenth regular annual meeting at Louisville, October 8, 1890. The profession of the valley is invited to attend and to bring their wives and daughters. Kentucky promises to out do herself in hospitality on that occasion and the ladies will be given especial attention. Titles of papers should be sent to the secretary, Dr. E. S. McKee, 57 West Seventh street, Cincinnati, as early as possible. Gentlemen who read papers at the last meeting will confer a favor if they will send copies or reprints of the same to the secretary to complete a collection of the transactions.

E. K. D. Medical Society.

LEAVENWORTH, KAN., June 20, '90.

DEAR DOCTOR:—You are cordially invited to attend the regular quarterly meeting of the Eastern Kansas District Medical Society, at Leavenworth, Tuesday July 8, 1890.

An afternoon session will be held at the Soldier's Home hospital at 2 o'clock, and an evening session at the Board of Trade rooms at 8 o'clock. Fraternally,

W. D. BIDWELL, Secretary.

PROGRAMME.

AFTERNOON SESSION.

1. Surgical Clinic and Inspection of the hospital.—J. L. Wever, M. D., and O. C. McNary, M. D., Soldier's Home.
2. Trephining for Epilepsy and Imbecility.—J. C. McClintock, M. D., Topeka.
3. Paramyoclonus Multiplex.—James A. Lane, M. D., Leavenworth.

Discussion opened by W. S. Lindsay, Topeka.

EVENING SESSION AT BOARD OF TRADE ROOMS.

4. Blepharitis Marginalis.—G. A. Wall, M.D., Topeka.

Discussion opened by Grant Cullimore, M. D. Atchison.

5. Pests and Nuisances.—W. J. Van Eman, M. D., Leavenworth.

Discussion opened by J. E. Minney, M. D., Topeka.

6. A Case of Peritonitis.—L. H. Munn, M.D., Topeka.

Discussion opened by W. L. Schenck, M. D., Osage City.

7. The Water Supply of Leavenworth.—C. R. Carpenter, M. D., Leavenworth.

Discussion opened by D. J. Holland, M. D., Atchison.

8. The Expert Witness. His Legal Rights and Remedies.—M. H. Cazier, M. D., Topeka.

Discussion opened by N. E. Van Tuyl, L.L.B. Leavenworth.

9. Report of a Case.—L. L. Terwilliger, M.D. Lansing.

READ and subscribe for the JOURNAL.

LITTLE THINGS.

The medical profession of Kansas is getting close to the front band wagon.

EVERY physician should read Dr. Foote's article in the June number of the JOURNAL.

THE University of Pennsylvania requires a four year course in order to obtain the medical degree.

DR. BAILEY has removed to 621 Kansas avenue, the office formerly occupied by Dr. Jones & Beers.

IF it is true as Charcot asserts, that but one person in 100,000 can be hypnotized, its use will be limited.

LIFE INSURANCE COMPANIES attribute 9.1 per cent. of their death loss during the first quarter of 1890, to la grippe.

DR. B. F. MORGAN, of Riley, called on us in June. The doctor is one among the best all round physicians in Kansas.

DR. LEVI HORNER of Lawrence, is a member of the committee on Necrology of the American Medical Association.

ERUCTATIONS are relieved by taking, just after eating, bismuth and pepsin one grain of each. The tablets are more convenient.

PUNCTURE of the intestine by a fine aspirating needle where the distention by gas is causing suffocation, is a justifiable procedure.

SULPHUR, according to Gross of Berlin, is a compound and not an elemental substance. It is readily decomposed and leaves a residue of carbon.

FOR burns or scalds the ordinary bi-carbonate of soda thoroughly moist, and applied to the burnt surface, one-fourth inch in thickness, is good treatment.

A 5 per cent. solution of chromic acid painted on the bottoms of the feet from one to five times in a week is said to be an excellent treatment in sweating fetid feet.

DR. J. L. OWEN, of Cedarvale, Kas., made the JOURNAL a pleasant visit during the past month. The doctor is a Kansan by birth, and is doing his share in advancing her interests.

DR. JAS. A. LANE, of Leavenworth, is a member of the Judical Council of the American Medical Association. He succeeds Dr. W. A. Phillips, of Salina, whose time had expired.

THE *Times and Register* says an eastern man carried in the same pocket sulphur matches and chlorate of potash tablets. Result—he now wears a new vest and has his hand bandaged.

THE "original package" man was ably personified by Tarrant's knight of the grip who dispensed Hoff's Malt freely, liberally early and often, to one and all, and it is not a bad drink either—for Kansas.

DR. D. C. JONES will sail for Europe in July to attend the meeting of the Congress of Physicians of the world, as a delegate from Kansas, representing the State Board of Health. Kansas will be well represented.

A NEW YORK court recently decided that physicians' books of account are privileged, and this for the reason that they contain notes of professional secrets, and the courts are prohibited from compelling a disclosure of such secrets.

CHLORALIMIDE is said to be the true successor of chloral; pleasant in taste, stable, more active than chloralamide, soluble in alcohol, ether, chloroform and fats, but not in water. The formula is CCL_3. CHNH; the dose, the same as chloral hydrate.—Ibid.

IN typhlitis, Homans, of Boston says, operate early in the severe cases and never in the mild. He has published twenty-six cases that came under his observation. In twelve he operated, six of these died. In fourteen no operation was done; five of these died.

ON page 531, June number of the JOURNAL, Dr. Klippel said "the patient had four convulsions when venesection was done and no more convulsions, although she was not delivered until two weeks later, instead of venesection was practiced every day for four weeks."

THE recent meeting of the State Medical Society was an ideal meeting, and we congratulate the president and other officers on the excellent management which interested all continually and wasted no time. It is characteristic of Americans to estimate all things from a financial standpoint, and from that point of view the sessions were a success, for we all got our money's worth.

Address On Medicine.

The address on "Medicine," before the American Medical Association, Nashville, Tenn., was delivered by Nathan Smith Davis, M. D., LL. D., of Chicago. The doctor spoke of the unparalleled activity in the application of chemistry and microscopy to biological, bacteriological, etiological, pathological, sanitary and therapeutic investigations which has characterized the last two decades. He discussed antipyretics, and considered it far more safe in low forms of fevers to relieve the excess of heat by increasing the natural processes than by any remedies, as antipyretics and analgesics which endanger increased blood and tissue degeneration and depress nerve force.

The subject of alcohol as a medicine was discussed at length, and he felt himself justified in considering the following conclusions fairly established:

1. Alcohol when present in the blood, either combines with or causes changes in the molecular composition of the hæmoglobin, by which the natural conversion of the latter into oxyhæmoglobin is diminished, and consequently, less oxygen is carried from the pulmonary to the systemic circulation.

2. The same strong affinity of the alcohol for water and albuminoids that enables it to modify the composition and function of the hæmoglobin of the blood also causes it to modify the molecular condition and functions of the tissue cells throughout the body, and thereby retard and lessen the aggregate of metabolic changes and their products as shown in the diminished products of carbon-dioxide urea, phosphates, heat, etc.

3. Both the direct effect of alcohol on the nerve cells, and its indirect effect, in lessening the amount of oxygenation of the blood, causes it to produce marked diminution of nerve sensibility and vaso-motor nerve force; or, in other words, a true anesthetic effect upon the nerve centers.

It follows, from these propositions, that alcohol in the blood diminishes every form of force or energy, diminishes instead of conserving the tissues, diminishes instead of prevents the metabolic changes and thereby promotes both molecular and tissue degenerations as so uniformly seen resulting from chronic alcoholism.

If we would reach the highest degree of success in the treatment of acute general diseases, we must as early as possible separate the patient from further action of both specific and predisposing causes of his disease by surrounding him with pure air and as perfect sanitary arrangements as possible. We should carefully avoid the use of such remedies as either directly or indirectly retard or prevent normal metabolic processes. As the pyrexia of high temperatures results mostly from the interference with the processes of heat dissipation, we must restore these processes by gently promoting natural elimination and by the direct abstraction of heat by the sponge baths, and in excessive cases by wrapping in cold wet sheets. We must early and accurately use such remedies as palliate or modify local developments wherever they may be manifested, and thus prevent such structural changes in these directions which might otherwise end in fatal exhaustion. We should ever remember that the same remedial agent that might be of great value in the first stage, might be injurious or even destructive if used at the stage of culmination, or still more in that of decline. The chief benefits thus far received from the use of antipyretics and germicides, have been as preventatives in the incubative or prodromal stage rather than curatives after the active morbid processes have been manifest. I have been unable to find in the medical literature of the past few years that the very general use of antipyretics in continued fevers had either lessened the ratio of mortality or shortened their duration.

The Eastern Kansas District Medical society will hold its next quarterly meeting in Leavenworth, July 8, 1890. The afternoon session will be held at the soldier's home, and the evening session in the city. The society has been greatly favored in receiving an invitation from Drs. Weaver and McNary of the home to meet there. From twenty-five hundred to three thousand old soldiers are quartered here and it affords the largest hospital facilities in the west. The program is

an exceptionally good one, found in this number of the JOURNAL, and it is an opportunity which seldom is offered and should be improved by every physician who can possibly spare the time to attend.

Where Shall I Graduate?

This is often a vexed question in the mind of the student and practitioner. In coming to a conclusion there are a great many conflicting questions to be settled and environments to adjust one's self to.

The first question usually coming up and will not down is, "what will it cost?" In answer we would say it will cost something. As a rule a faculty, like an individual knows its value, the worth of the service rendered and charges accordingly; and hence a college is in a measure, known by its price.

The second question often is, how soon can I graduate? The sentiment of the profession and the public and the demands of the State Boards of Health for a three years course in a medical college before graduation, settles that question virtually.

Some of us attended but two full courses of lectures and graduated, but another year would have added greatly to our usefulness as practitioners, especially in the earlier years, and we are not quite sure that the time and experience of that year's loss under an intelligent preceptor has ever been made up.

A physician knows no state line and when he receives a diploma to practice medicine and selects a location in a State where the diploma of two courses of lectures is recognized all is well; but circumstances in a few years may require him to cross the State line and pitch his tent in a State where it requires a three years lecture course to qualify him to practice, and then he must stand an examination. It is then he feels the full force of his neglect; for we are persuaded that every physician will admit that a three years course is short enough time in which to obtain a medical education in a medical college aside from his general reading and tutelage.

Will the college in which I graduate give me a standing in the community, is a question often asked.

In our observation we are compelled to say it's the man and not the college which commands the respect. Men make colleges and not colleges men. It must be in the man or it can never be developed—.000 from .000 and .000 remains. Many other questions might be asked and answered but we content ourselves in calling attention to two or three of the more important ones for the consideration of our readers.

The Wichita Medical College.

The Wichita Medical College announcement for 1890, is on our table. Considering the late beginning of the session last year the showing is a good one. There were no graduations which speaks well for the college. It is not designed as a diploma mill. Three full courses of lectures are required before a student can become a candidate for graduation. The requirements throughout are in keeping with the first-class colleges of the land.

The announcement is gotten up in good shape. It contains no useless verbiage, but a plain, concise statement of facts. It speaks well for the faculty. The prospects for a good class are encouraging. The columns of the JOURNAL are open to the faculty of Wichita Medical College for the publication of lectures, clinical reports, &c.

The JOURNAL is pleased to note the success of the college and extends kindly greetings and a desire to see even greater success attend the worthy efforts.

THE Halifax Medical college, on April 10, graduated a class of one. He took the honors of his class.—*Times and Register.*

THE *Times and Register* is also responsible for the following:—"Dr. Hammond relates the case of a man who consulted him for impotence, with which he believed his wife had affected him, as he was setting out for a trip to New York. She had given him a peculiar glance as he left the house. He felt a peculiar thrill pass down his spine to his testicles, and thenceforth erection was impossible."

If that woman will impart the secret of that "peculiar glance," there is big money for her in any town within the reach of New York.

Interesting.

Dr. John B. Hamilton, of the Marine Hospital Service of the United States, in his address, as chairman, before the section of State Medicine at Nashville, says among other interesting things, "The investigation of Dr. Kinyoun leads him to the following conclusions respecting malarial and enteric fevers.

"First—Malarial and enteric fevers are not antagonistic to each other.

"Second—A differential diagnosis between the two diseases is sometimes impossible.

"Third—There exists a mixed form of infection which can be diagnosed by means of bacteriological and microscopical examination.

"That the cobra poison in very minute doses as proved by Dr. Kinyoun is a germicide of extremely high power, and that it is fatal to the development of cholera germs."

Continual experiments are now going on, and he hopes to be able to make a complete report on this subject by the close of the present fiscal year.

WICHITA took the palm of sending the heaviest delegation, weighty in mind as well as person, with Father Fabrique at the head. They made a solid delegation and deserved to have the next meeting at their city. All in all it was a gathering of representative men, and we are glad we were permitted to see it. The exhibit of instruments was very good indeed and we compliment highly Messrs. Swift & Holiday on their display as showing that we have close at hand in our State a complete and varied assortment of surgical supplies of all kinds. It is sometimes very important to be able to secure instruments in short order, and for that reason we are pleased to note the large stock as well as low price of these goods in Topeka.

THE first number of *The American Journal of Mineral Waters*, edited and published by R. M. Jordan & Co., of St. Louis, Mo., is on our table. The editors in the salutatory say, "we desire to present the journal as a cyclopedia of knowledge, wherein will be found successively the record of all places of public resort, their location, the peculiar attractions and excellencies of each, in short those factors which have conspired to render them popular with the public, &c." The journal is gotten up in good style and the first number presents a fund of information on the subject of mineral waters and health resorts valuable to medical men. There is room for such a journal and it ought to succeed. It has a pretty cover the back ground of which is pale red, adorned with cuts of beautiful scenery with, "of mineral waters," in deep rich red across the centre of the page and a huge alligator at the margin of a river at the bottom of the page. We can interpret the pale red as representing the condition of the blood before taking the water and the rich red letters after taking the waters, but the huge alligator has no place in our imagination or affection worthy the prominence given, and we cannot account for it only as being an idiosyncracy of the artist and tolerated by the editor. It is worth the subscription price without the amphibian.

The Three Years Course.

The following States require an attendance on three complete courses of lectures and graduation to entitle the holder to practice medicine within their limits, viz: Illinois, Mississippi, Virginia, West Virginia, Texas, Alabama, Iowa, North Carolina and Pennsylvania.

D. Rauch, secretary of the Illinois State Board of Health said, in addressing the medical college representatives at Nashville, that the States were fast wheeling into line in the demand for a three years college course in medicine of the physicians and he thought the time would soon come when all of the States would require it.

DR. SCHENCK, it appears, is known outside of his bailiwick. Owing to lack of time the nominating committee left the appointment of the various committees to a sub-committee. This committee appointed Dr. Schenck to deliver one of the three general addresses, the address on State Medicine, before the association. This is a much greater honor than the first vice presidency. He is also on the com-

mittee of State Medicine for Kansas. He is also chairman of the committee on the president's address to report next year. This committee consists of W. L. Schenck, of Kansas; T. B. Evans, of Maryland; E. Grissom of North Carolina; and H. B. Baker, of Michigan.

American Medical Colleges.

Fifty-five of the one hundred regular colleges of the United States were represented in the college meeting in Nashville May 21, 1890. Two interesting sessions were held and the preliminary work preparatory to a permanent organization was completed.

The following rules governing the admission of colleges to membership in the American Medical College Association were adopted:

First—That the colleges shall require a graded course of instruction, covering a period of not less than three courses of lectures of six months duration each, before graduation.

Second—That both oral and written examinations be required of all students.

Third—That a thorough course of laboratory instruction be maintained in chemistry, histology and pathology.

Fourth—A preliminary entrance examination consisting of:

First—A composition, written in English, of not less than five hundred words.

Second—The translation of easy Latin prose.

It is provided, however, that students be allowed one year to make up any deficiency in this examination.

Third—An examination in higher arithmetic.

Fourth—An examination in elementary physics.

It is provided, however, that candidates who are graduates or matriculates of recognized colleges of literature, science, and arts, or graduates of normal schools supported by the different States, be exempt from the provisions of this examination.

By resolution it was determined that the colleges entitled to representation in this convention shall enforce the above curriculum at the commencing of the session of 1892-93.

THE dry method of wound treatment is receiving considerable attention. Dr. Lauderer of Leipzig, is one of the pioneers. No fluid is allowed to touch the wound. Dry aseptic gauze is used in place of moist sponges and irrigating fluids, and pieces of gauze are applied to the wound. He claims the following advantages:

First—The patient is not exposed to wet and cold.

Second—The loss of blood is minimal.

Third—Absorption of antiseptics is not possible.

Fourth—Time of operation is decreased.

Fifth—Rapid recovery, only one dressing being necessary, and that only if non-absorbable stitches are used.

Sixth—Saving of surgeon's hands.

DR. J. H. THOMPSON of Kansas city, capped the climax in the section of ophthalmology at the late meeting of the American Medical Association, in his report how to prepare microscopical specimens of the eye. Then he presented a complete section of an eye he had prepared, which through an ordinary three inch lens showed distinctly the condition of the diseased human organ. The interest shown by the section and the questions asked by the leading oculists together with the clear concise answers and demonstrations given by the doctor elicited our admiration.

DR. TIFFANY, of Kansas City, read a paper on "Tobacco—Its effects upon the Eyesight," before the section of ophthalmology at the Nashville meeting of the American Medical Association. The doctor prepared a paper for the JOURNAL'S February number on the same subject and we expected to get a repeater, but an entirely new dress was put on the subject and the weed received its just deserts.

THE American Medical Editors held a pleasant meeting in Nashville, as is the usual custom, the evening preceding the meeting of the American Medical Association. The address of the president, Dr. I. N. Love, is found in this number of the JOURNAL.

SOCIETY PROCEEDINGS.

Topeka Academy of Medicine and Surgery.

The Topeka Academy of Medicine and Surgery met in special session Tuesday evening, May 20, Dr. L. H. Munn, the president, in the chair.

Dr. C. C. Bradley, reported in writing a "Case of Peritonitis, with Treatment."

Miss G——, age 17. Friday, May 9, Dr. Munn was called about noon. History—Two or three days more or less pain in right illiac region, bowels constipated, two or three days past menstrual period, had had trouble before, pain and excessive flow. Her condition was attributed to her menstrual trouble by her parents. Skin moist, temperature normal, pulse 78°, respiration 18, no difficulty in passing urine, abdomen not tympanitic, not tender to superficial pressure, but deep pressure in right illiac region low down caused pain, which was attributed at the time to ovarian irritation. An aloin cathartic, hot fermentations, ⅛ grain morphia, in mixture, was prescribed, with instructions if not relieved to report in the morning.

May 10, 10 a. m. Reported no better; indefinite history of chill the evening before. Temperature 103°, pulse 110, respiration 25; irritable cough, slight hemorrhage from the vagina, bowels moved freely, several scybalous masses, pain increased, slight tympanitis, deep pressure in right illiac region gave internal pain, boggy sensation. Diagnosis—Typhilitis, with diffuse peritonitis. Gave hypodermic of ⅛ grain morphia, $\frac{1}{150}$ grain atropia opiate mixture. Continued as day before; also a mixture containing gr. xv. mag. sulph. to a dose every three hours, hot fomentations, milk diet.

May 11. Temperature lower, but other symptoms about the same; doubled the dose of mag. sulph., injections of soap suds with turpentine ordered.

May 12. Pain increased, enlargement right side in illiac region. Mag. sulph. ordered every two hours in same dose.

May 12, 7 p. m. Temperature 103°, pulse 120, same pain, two small passages during day.

May 13. About the same symptoms and treatment.

May 14, 10 a. m. Dr. Stewart was called in consultation, and advised more free use of salines. A saturated solution of Epsom salts was recommended—tablespoonful every hour, and an injection of one quart of a saturated solution every two hours. This was carried out until 4 p. m. Copious passages followed each injection. These contained scybalous masses. Apparent improvement from 6. a. m. to 2:30 p. m.; took no opiates; rested fairly well. At 7:30 p. m. pain increased; cold sweat. Gave ¼ grain morphia, $\frac{1}{150}$ atropia, mag. sulp. continued every two hours, injections stopped; milk and whisky given.

May 15, 6 a. m. Had a bad night; 11 a. m. Dr. Alexander called; advised continuing opium. The partial saline and opium treatment was continued until noon of the 17th, when a consultation was held by Drs. Munn, Stewart, Alexander and Bradley. The majority favored continuing the opium treatment; a minority favored a return to salines. The opium treatment was continued until the evening of the report, the patient remaining about the same, with perhaps some improvement. At this time an operation was proposed, giving twenty-four hours for a decision.

The object in reporting this case was to bring about a discussion of the relative merits of salines and opium in the treatment of peritonitis The discussion is as follows:

DISCUSSION.

Dr. McClintock—The point to be brought out was the opium *versus* the saline treatment of peritonitis. His father had treated peritonitis by means of saline injections, and by mouth. Himself had used opium while his father used salines. Thought his father had the best results. At present he prefers the saline treatment.

Dr. Lindsay—Had been taught that opium was *the* treatment; did not think, however, that opium was to be compared with salines to relieve inflammation. Gives opium to relieve pain. Salines more rational to reduce inflammation. Inflammation an increase of cell development; salines check this and remove scyballa.

Dr. Ward—What is the diagnosis? Thought the disease due to a ruptured ova sac. Opium should not be used at all; you cause a condition that you cannot relieve with salines; you put on a splint and keep the gases confined. Thought too much salts per rectum had been given in this case; too much causes irritation. Salines should be given without morphia; would rather see the patients suffer than give morphia. Quoted from Dr. Joseph Price, "Out of sixty cases of abdominal sections anodynes were given in but three." Dr. Cushing, of Boston, says "Morphia prevents absorption." Morton, of Philadelphia, says "One can never go wrong in using irrigation and drainage." Opium should never be given to relieve pain after abdominal operations. Tait uses salines after abdominal operations. Dr. Senn uses salines to relieve inflammation after obstruction has been relieved.

Dr. Longshore thought the experience of Topeka doctors was in favor of the salines. Reported a case where a lady had had several attacks of peritonitis, and had always been treated by morphia. She did not give morphia even after two appeals. It generally took three or four days treatment with opium; this time she was relieved in two days with salines. Would use some opium at times in failing cases to relieve pain. Her faith grows in saline treatment.

Dr. Alexander—Clinical results seem to favor salines. In this case, after twenty-four hours saline treatment, the patient was evidently worse. Would not say that at the time salines were used they were not indicated. The saline treatment moves in cycles; forty years ago this treatment was used. Does not believe in giving opium to narcotism. Most cases of peritonitis come from fecal obstruction; remove this with salines, then use opium. Not necessary to use large doses of salines to relieve inflammation. We go too much to extremes; to-day salines are the rage. Relieve gaseous distention with rectal injections.

Dr. Deweese, of Salina, thought the happy medium best. Flood the colon with fluid, apply hammamelis and hot applications externally. *Small* doses of morphine more useful than is generally supposed.

Dr. Stewart never has been a believer in opium, and in this respect followed the example of his father. Has always used a little opium, but never quieted paristalsis with it. Is a firm believer in salines. Gives salines or some purgative at once on being called to such a case. Where there is pus in the appendix you need not desist in the use of salines. We do not have idiopathic peritonitis. The inflammatory process produces microbes, which in turn bring pus. The heat and exudation from the inflammation causes paralysis of the bowel. Opium does the same. In using salines you have a drain of the tissues; they take away the products that produce inflammation, and later, pus. His experience fortifies him in the use of Salines. Would give at times ⅛ grain morphia; but each case is a law to itself. Would never give it to any amount; *never* to narcotism. If you give much opium you cannot tell when to operate, should it become necessary. Thinks statistics show that we should give salines, and if not relieved then operate. With opium you make a splint, make adhesions that last a lifetime.

Dr. Righter reported a case that had been treated with morphia, which was relieved on stopping the morphia, the bowels moving freely.

Dr. Guibor was taught that opium was the sheet anchor. Did not know that he had ever treated a case with salines. Related having a peritonitis from gall stones himself. Salines were suggested but he could not take them; they gave me opium, and after the pain was relieved I took the salines with good effect.

Dr. McGuire thought too much stress was put on opium as a splint; opium relieves more by putting a patient in a condition that you can relieve in some other way. In one sense he is an advocate of opium; on the other hand he had seen a case where, after all other remedies failed, saline cathartics brought a good result. Salines do act as a drain to the tissues. Does not see how any man can go to either extreme; about ¾ of the cases will be relieved by salines, ¼ by opium. Would not expect to relieve a patient of peritonitis with salines without making him easy.

Dr. Green—When the diagnosis is clear, he did not see why we should use opium. It had

always seemed to him that salines were the proper remedies to relieve the peritonitis. Would quiet nervousness, however, with opium.

Dr. Munn spoke of Clark using opium first. In the first experiments with it at Bellevue it was a failure, due to the fact that it was not pushed; when this was done the patients recovered.

Dr. Bradley in closing said, that before you have a marked typhlitis salines are indicated, but when it is well marked opium is the remedy. Would not give in every case opium to narcosis. Opium given short of narcosis does not prevent the action of the bowels. It is a clinical fact that the bowels do move while giving opium. As to the action of morphia and opium, thinks opium more constipating than morphia.

The advisability of operating in this case was spoken of by several of the physicians, and the indications for the same pointed out.

Dr. R. S. Magee reported in writing a case of "Intra-ocular Sarcoma," which was briefly discussed.

Adjourned to meet in regular session Tuesday evening, June 3.

D. F. RODGERS, M. D.,
Secretary.

Kansas State Medical Society.

(Continued from June Number.)

Dr. J. S. Foote read a paper entitled the "Relation of Formative Matter to Disease," and exhibited some very elaborate drawings to exemplify his paper.

Dr. Bidwell opened the discussion by saying that the paper if carefully studied will be the best paper of the session. It is the A. B. C. of the whole process of disease. The best thing for each one to do, is to study the effects of irritants rather than the growth of cells.

Dr. Minney —Did you mean to say disease is an entity.

Dr. Foot said it was not.

Dr. Wright wanted to commend the paper, particularly the pictures.

Dr. Green said this is the work being accomplished in the medical schools.

Dr. Foote said in closing the discussion, he was anxious for them all to take the first form of life and compare it with the process of disease and one will be able to comprehend the processes.

Dr Lyman, of Manhattan, read a paper entitled "Pott's Fractures." The paper and discussion will be found on page 545, this number of the JOURNAL.

Dr. D. F. Longnecker read a paper on the "Recent Advancement in Ophthalmology."

Dr. G. A Wall read a paper on "Ophthalmic Surgery, by permission, in order that both papers might be discussed at one time. Both papers will appear in a future number of the JOURNAL.

Dr. M. B. Ward, of Topeka, read a paper on the "Pathology and Treatment of Intra-Pelvic Inflammation." The paper and discussion will appear in the JOURNAL.

Dr. Schenck's paper entitled, "Intussusception was read by title.

Dr. C. W. Adams of Kansas City, read a short paper on "Cysts of the Pancreas." and presented a specimen. The paper was well received, but owing to the lateness of the hour was not discussed.

EVENING SESSION.

Society met in the Board of Trade rooms.

Dr. Murdock reported a case of Hysterectomy and exhibited the uterus. He did not reduce the patient by keeping her from food prior to the operation. He made a half circular incision just above the os and easily broke up the adhesions. He left a small strip on either side of the uterus and then inserted his finger back of the uterus and was then able to tie the arteries. He left the ligatures short, and then passed his finger into the rectum and tied the fallopian tubes, left the ligatures four inches long. Operation was done in twenty-three minutes. Patient recovered.

Dr. Robinson had done a vaginal hysterectomy for prolapsus. Did not know at that time that it ever had been done.

Dr. Ward in discussing the paper said vaginal hysterectomy is an unsurgical operation. Although being done by a good many, gynecologists for cancer of the cervix; at the present time it is a questionable operation. The mortality is very great unless done early in disease.

Dr. Daily read a paper reporting three cases of abscess of liver.

By a vote the society authorized its representatives to take such action as they may deem prudent regarding uniform legislation at the Nashville meeting, as suggested by the *American Medical Journal.*

W. S. Lindsay read a paper on "Neurasthenia." No discussion.

Dr. Hal Foster, of Kansas City, read a paper on "Hypertrophy of the Lateral Walls of the Pharynx." No discussion.

Dr. Sawtell reported verbally the amount of money received to be $229 00.

The following motion introduced by Dr. Ward was unanimously adopted.

Resolved, That the thanks of the Kansas Medical society be tendered the physicians of Salina; especially the committee on arrangements for the courteous treatment and cordial reception extended to the members of the State society, while in their city.

On motion a hearty vote of thanks was tendered Dr. W. W. Cochrane, for his faithful labors as the treasurer of this society, for many years past, and that the secretary be instructed to send a copy of these resolutions to Dr. Cochrane Carried by standing vote.

The judiciary committee made the following report:

We hereby recommend that the Golden Belt Medical society, be recognized, and the delegates, Drs. W. U. King, C. H. Guibor, Z. T. Harvey, J. W. Crowley, T. U. Greene, G. E. Harvey, Junction City, and L. H. Murphey, be allowed, seats in this meeting. Further, that the delegates, who are not already members of the State society, must make application in due form and go before the board of censors, the same as all other applicants, in order to gain membership in this organization. Respectfully submitted,

L. A. BUCK, chairman.

The society elected the following physicians as delegates to the American Medical Association at Nashville:

Drs. H. D. Hill of Augusta, M. B. Ward of Topeka, T. L. Weaver and O. C. McNary of the Soldier's Home, W. L. Schenck of Osage City, A. H. Cordier of McPherson, J. E. Minney of Topeka, Levi Horner of Lawrence, W. A. Phillips ofSalina, J. E. Sawtell of Gypsum City, L. J. Lyman of Manhattan and F. M. Dailey of Scottsville.

Your committee on sections makes the following report, namely that the scientific work of the society be divided into four sections as follows:

First—General medicine.

Second—Surgery and anatomy.

Third—Obstetrics and gynecology and diseases of children.

Fourth—Ophthalmology, otology, laryngology.

That each section be officered by a chairman and a secretary. That these officers shall make all arrangements for the necessary papers for the section, &c. The chairman to deliver an address.

That the session of the society shall continue two full days and an evening.

That the forenoon be devoted to the business of the society and the delivery of the address of the president and chairman of section.

That the afternoon and evening shall be devoted to section work. That this work shall be so arranged as to best meet the requirements of attendance; for instance two sections to be in session one afternoon and evening, and the remainder to the other afternoon and evening. This we believe will very much facilitate the work.

We recommend the following named gentlemen as officers for the sections.

Surgery—A. H. Cordier, chairman; L. H. Munn, secretary.

Medicine—L. A. Buck, chairman; C. Klipple, secretary.

Obstetrics and Gynecology—M. B. Ward, chairman; A. Fabrique, secretary.

Ophthalmology and Otology—D. F. Longnecker, chairman; G. A. Wall, secretary.

Respectfully submitted,

C. H. GUIBOR, chairman.

The nominating committee recommended as place of meeting for the ensuing year Wichita, Kas.

The officers for the ensuing year are:

President, J. E. Minney, Topeka.

First Vice President, W. A. Phillips, Salina.

Second Vice President, A. B. Peters, Mankato.

Secretary, W. L. Lindsay, Topeka.

Treasurer, N. T. P. Robertson, Hutchinson.

Member of the judicial committee—F. M. Dailey, of Scottsville.

F. F. DICKMAN,
Chairman.

F. M. HILL, Secretary.

The name of F. M. Bailey, M. D., of Scottsville, was omitted from the list of new members last month, through mistake.

The Central Branch Medical Association.

Extract of the Minutes of the June meeting, held at Greenleaf, Kans., June 5, 1890

Shortly after 4 p. m., President Chase called the meeting to order and on roll call the following members were present: Drs. M. N. Gardner and E. Armstrong of Greenleaf, Dr. Harry Riding of Vermillion, Drs. D. W. Humfreville and C. W. Hardy of Waterville. Dr. R. S. Fillmore of Blue Rapids, Dr. A. J. Best of Centralia, Dr. J. S. Wallace of Barnes, Dr. Levi Chase of Irving, and Drs. Wm. O'R. Bradley and A. S. Andrews of Washington. Absent Dr. H. Humfreville of Waterville, Dr. O. C. Axter of Creenleaf, Dr. Wm. Jacobs of Washington, Dr. R. M. Hughes of Irving, and Dr. M. A. Browley of Frankford.

Minutes of previous meeting read and approved, after which several very interesting clinical cases were presented to the meeting, a free discussion following each case.

At 6 p. m, the meeting adjourned to 7 p. m. Sumptuous banquets were given to the members of the association at the residences of Drs. Armstrong and Gardner.

Promptly at 7 p. m. the meeting was called to order by President Chase and the following papers were read and freely discussed by all the members present: "Restoration of Perineum," Dr. M. N. Gardner, Greanleaf; "Uses of Antipyrine and Acetanilide," Dr. H. Reding, Vermillion; "Hepatic Abscess," Dr. Wm. Bradley, Washington; "Office Pharmacy," Dr. J. S. Wallace, Barnes.

The following officers were elected for the ensuing year; Dr. Levi Chase, president; Dr. D. W. Humfreville, 1st vice-president; Dr. Wm. Bradley, 2d vice-president; Dr. A. S. Andrews, secretary; Dr. E. Armstrong, treasurer; Drs. H. Humfreville, Wm. Jacobs and M. A. Browley, censors.

After the transaction of some miscellaneous business the association adjourned to meet at Greenleaf, Sept. 4, 1890, 4. p. m.

Dr. LEVI CHASE, President.

DR. A. S. ANDREWS, Sec'y.

BOOK REVIEWS.

Spinal Concussion, surgically considered as a cause of spinal injury, and neurologically restricted to a certain symptom group, for which is suggested the designation ERICKSON'S DISEASE, as one form of the traumatic neurosis. By S. V. Clevenger, M. D., &c. Philadelphia and London. F. A. Davis, publisher. 1890.

This is a most excellent review and classification of the knowledge of this subject of the present day. The author's theory of organic change in the cord is reasonable, and may prove in time to be exactly correct. The suggestion of the name "Erickson's Disease," we consider quite unscientific, and we hope for a short time when our nomenclature will be rid of such meaningless terms as Bright's Disease, &c. The volume has great merit as a medico-legal work.

STORIES OF A COUNTRY DOCTOR. By Willis P. King, M. D.

Let all who want to see the funny side of professional life, sometimes too sad to be funny, and all who want to "laugh and grow fat" over the freaks and frailties of our "poor human nature," read Dr. King's new book.

We had heard the Doctor tell some of his stories, and are glad to see them in a book, and bespeak for it a wide circulation. Not that he make money, and we sometime ask to borrow and be refused, for we too are making books in the JOURNAL, and will of course, like the Doctor, grow rich from the profits, but because the stories are good leisure hour medicine, and because the book is the last link in the proof of the Doctor's manhood; for does not Wilhelm Meistu, or some other fellow say, "To prove yourself a man you must plant a tree, get a child, and write a book."

Then this book is kingly, it breathes the spirit of its author, which is the spirit of

"Old King Cole
The jolly old soul."

And yet while it is fun for the boys it is often "death to the frogs."

Report of the Stormont Library Committee.

MR. PRESIDENT:—We beg leave to make the following report of progress since our last meeting:

In January last, one hundred and fifty dollars of accumulated proceeds was placed to the credit of the Stormont Medical Library Fund, and one hundred and fifty dollars more will be added in July next.

On account of the already overcrowded condition of the State Library, accommodations could not be furnished us until recently, and it was Mrs. Stormont's desire that no books be purchased until they could be placed with the State Librarian.

Ample room has been furnished us within the past few months, and we have purchased the following list:

Gray's Anatomy.
Quain's Anatomy, 2 vols.
Klein—Micro-organisms and Disease.
Gray's Manual of Botany.
Mann—Manual of PsychologicalMedicine, etc.
Dunglison—Medical Lexicon.
Thomas—Complete Medical Lexicon.
Beard & Rockwell—Medical Lexicon.
Donders—Refraction and Accommodation.
Juler—Ophthalmic Science.
Fothergill—Diseases of the Heart.
Delafield & Prudden—Pathol. Anat. and Histology.
Richardson—Preventive Medicine.
Murchison—Diseases of the Liver.
Taylor—Massage and the Movement Cure.
U. S. Dispensatory—W., R. & S.
Reese—Manual of Medical Jurisprudence and Toxicology.
Wormley—Micro. Chemistry of Poisons.
Beale—Microscope in Prac. Medicine.
Mitchell—Fat and Blood.
Hardwicke—Medical Educator.
Campbell—The Language of Medicine.
Gross—Life of John Hunter.
Guernsey—Plain Talks on Avoided Subjects.
Lee—Hand Book for Coroners.
Pasteur—Life and Labors.
Lyman—Insomnia and other Disorders of Sleep.
Ranney—Applied Anatomy of the Nervous System.
Gowers—Diseases of the Nervous System.
American System of Gynecology, 2 vols.
American System of Obstetrics, 2 vols.
Playfair—Midwifery.
Engelmann—Labor Among Primitive People.
Holden—Osteology.
Bilroth's Surgical Pathology.
Virchow—Cellular Pathology.
Pharmacopœia of the United States,
Dalton—Human Physiology.
Fothergill—Handbook of Treatment-
Fothergill—Diseases of Sedentary Life.
Allingham—Diseases of the Rectum.
Van Buren—The Rectum.
During—Diseases of the Skin.
During—Atlas of Skin Diseases.
Bramwell—Diseases of the Spinal Cord.
Wagner—Manual of General Pathology.
Skene—Diseases of Women.
Hammond—Diseases of the Nervous System.
Vogel—Diseases of Children.
Lusk—Science and Art of Midwifery.
Bryant—Manual of Operative Surgery.
Bartholow—Practice of Medicine.
Bartholow—Materia Medica and Therapeutics.
Keys—Genito-Urinary Diseases, etc.
Gerster—Aseptic and Antiseptic Surgery.
Shoemaker—Diseases of the Skin.
Gould—A new Medical Dictionary.
Medical and Surgical Register of the United States.
Medical and Surgical History of the War of the Rebellion, 5 vols.
Index Catalogue of the Library of the Surgeon General's Office, U. S. A., 9 vols.
Foster—Encyclopedia Dictionary.
Quain—Medical Dictionary.
Wyeth—Text Book of Surgery.
Physician's Anatomical Aid (Manikin.)

The total purchase amounts to three hundred and thirty-six dollars and twenty cents. This list is composed exclusively of books donated by Mrs. Stormont as a part of the five thousand dollar purchase intended as a nucleus.

The accumulated proceeds of one hundred and fifty dollars from the five thousand dollars endowment fund has not been used, and we recommend that it be reinvested and not

drawn upon until the funds on hand are exhausted.

REID ALEXANDER, Chairman.
J. E. MINNEY, Secretary.

Puerperal Peritonitis.

Read before the Southwest Kansas Medical Society at Wichita, May 6, 1890.

BY J. D. HAMILTON, M. D., DOUGLASS, KAS.

By Puerperal Peritonitis, I mean a simple form of peritonitis which women are liable to in the puerperal condition. Sporadic cases occur from time to time without the diffusion of the disease, but even then the utmost caution should be observed as so much doubt is always involved with regard to its infectious nature. Inflammation of the serous covering of the uterus and its appendages may supervene as incidental circumstances without the superaddition of a specific poison. The great effort of the organism, the irritable condition of the body after the exhaustion of expulsive efforts, the long distension of the uterus and the abdominal walls and their sudden contraction, the friction of opposed surfaces in the abdomen during labor and the great excitement given to the circulatory and nervous system may produce peritonitis. Other causes operate to produce this result, such as injuries in instrumental delivery, turning, adhesion of placenta, cold affusion and various other causes.

By some it is maintained that peritonitis and puerperal fever are the same, that these terms express one disease. It is true that in a large portion of patients who die of puerperal fever the peritoneum is inflamed, but this membrane is not always involved although this form of inflammation accompanies this disease more frequently than other, yet puerperal fever is something still worse.

Bartsch in a report of the Midwifery Institution, of Vienna, records the morbid appearance of 109 cases, of those who died of puerperal fever and in this report puerperal fever is distinguised from peritonitis and metritis. The cases of puerperal fever he says occured seldom under form of puerperal peritonitis, but generally as inflammation of the uterine veins giving rise to the production of pus in these vessels and the general symptoms accompanying its absorption.

The symptoms common to this form of peritonitis may come in a few hours, a few days and even so long as two or three weeks after delivery. Pains and rigors are generally the first indications and pain on pressure especially in the hypogastrium more than any other part, the skin is hot, the cheeks flushed, the pulse is quick and the respiration hurried, the pain soon radiates from the hypogastrium into the iliac fossa and then to the other parts of the abdomen. It is not always severe and is sometimes characterized by paroxysmal attack, the patient being free from suffering during the intervals, pain is not a pathognomonic symptom. Post partum pain may be urgent when there is no inflammation and there may be inflammation with little or no abdominal pain.

Churchill asserts that he has seen several cases of intense peritonitis as proved by dissection in which there was neither pain nor tenderness. The abdomen suddenly becomes large —more quickly and to a greater extent than any other kind of peritonitis, which may be accounted for by the resistless condition of the muscular system of the parturient patient and recent distention of the abdominal walls. The lochial is arrested or suspended, the milk if began to flow is arrested, or if not began is prevented, the pulse varies but is always above, in a great majority of cases greatly above the normal standard. If however, after delivery the pulse shall have fallen to or near the normal and then suddenly begins to rise accompanied by local pain, higher temperature, thirst and diminished secretion the cause is obvious. After pains may be confounded with those of inflammation, they come on soon after delivery but decrease in force and frequency as time wears on. Peritonitis does not come on so soon and its symptoms become more aggravated instead of diminishing. After pains are associated with firm and contracted uterus. Peritonitis with relaxed uterus when the malady terminates in resolution, the pain abates, the tympanites decline, the pulse becomes slower, fuller and softer, lochia is es-

tablished, the breast becomes rounded the milk begins to flow,the limbs can be extended, the patient can lie on her side. The conditions of approaching dissolution are weak and steady pulse varying from 120 to 160; the abdomen keeps distended and tender, clammy sweats come on, extremities cold, breathing hurried, shallow and thoracic, lies on her back with legs drawn up, the features sunken and the mind often remains clear and calm to the close.

I will improve this opportunity to report a case that I treated, which to my mind was a well defined case of puerperal peritonitis:

I was called to see Mrs. C., December 18, 1888. Primipira delivery at 11 p. m., labor natural and of about eight hours duration, patient somewhat exhausted, was also of a very nervous temperament. Placenta delivered in about a half an hour which was complete as I observed it carefully. Left the patient clean and as comfortable as I usually do, enjoined rest and quietude. Was called the evening of the 19th, found patient suffering intense pain in abdomen, it being greatly distended and very tympanitic and tender, severe pain in head, flushed cheek, temperature 103°; circulation 120, respiration 30, tongue heavily loaded, lochia scant. On inquiry found patient had rested reasonably well the forepart of night, but early in the morning her attendants moved her from bed to sofa and back again and that it greatly exhausted her, and that in less than two hours she had a severe chill followed by the above symptoms. My diagnosis was puerperal fever or at least the onset of it. I prescribed calomel in full doses until bowels moved, with tincture veratrum to control circulation, also gave one dose of powdered opium, to be repeated when bowels moved freely, as pain indicated, ordered fomentation of hops to bowels, irrigated uterus, and ordered patient kept quiet. Returned morning of 20th, found symptoms somewhat modified, bowels having moved well, temperature 101°, circulation 110, respiration 24, severe pain and tenderness in abdomen with headache, lochia scant, not much appetite, but took some nourishment, continued opium in full doses, veratrum sufficient to control circulation, gave antipyrin in afternoon and up till midnight, after which I ordered quinine in full doses, omit the veratrum but use the opium freely; continued the fomentations and irrigated uterus with solution of bichloride of mercury. Morning of 21st found patient about the same as the preceding morning, continued the treatment as before. Morning of 22d found patient worse, temperature 105°, circulation 130, respiration 32, pain more severe, tympanites more marked, distention greater, bowels very hot, cheek flushed and ashy, some delirium, lochia scant and offensive, uterus did not seem to be much enlarged, nor its appendages involved in the inflammation. My opinion at this time was that I had a genuine case of puerperal peritonitis; remained with patient most of the day and pushed my veratrum and antipyrin to their full extent, persisted in application of hops, irrigated uterus, kept her as free from pain as possible with opium, she was laboring under some delirium, hence I combined fl. ex. gelsemium with veratrum; I pushed every remedy to full extent, and used all my energies, as no doubt you all do when the case looks to a fatal termination.

Morning of 23d found symptoms modified, temperature 102°, circulation 115, respiration 26, pain not so great, not so much distension, lochia scant with retention of urine, bladder being very much distended, relieved patient with catheter. Morning of 24th patient some better, temperature 101° pulse 110, respiration 28, distention of abdomen about the same, tympanitic and tender, retention of urine, bowels constipated, lochia very scant, moved bowels with enema, relieved bladder, irrigated uterus, continued the same remedies as the day previous.

On December 25 found patient improving gradually but symptoms well marked, continued usual treatment. Morning of 26th patient some better, temperature 100° pulse 105, respiration 26 and deeper, patient had some appetite but was very weak, retention of urine yet annoyed her which continued for several days. I then depended more on tonic treatment which consisted mostly of iron and quinine; gave patient concentrated diet, such as beef tea, soft eggs, &c.; continued to irrigate the uterus and kept the abdomen well anointed with camphorated oil; the patient con-

tinued to improve, and by January 1 was convalescing as well as could be expected; in the meantime kept patient well nourished, quiet and clean, and used tonic treatment; the patient made a good recovery, but it was some weeks before she gained her strength sufficiently.

My reasons for reporting this case, firstly that it was a well defined case of puerperal peritonitis; secondly, that it illustrates the importance of enjoining rest and attention to our patients for several days after delivery. I feel confident that if this patient had been kept quiet she would have escaped the attack of peritonitis; thirdly, I give my treatment which in those severe cases is an important factor; fourth and lastly is that my patient recovered, which was beneficial to her and satisfactory to me. Any criticism will be kindly accepted by me.

Inducing Respiration.

SCHULTZE'S METHOD FOR INDUCING RESPIRATION IN THE PRESENCE OF INJURIES IN THE NEW BORN.

BY DR. LEOPOLD MEYER, OF COPENHAGEN.

In reading the case reported by Dr. Heydrick, (*Centralblatt fur Gynakol, F.*, 1890), where a lesion of the lungs was caused by the fractured end of of the clavicle, I was again reminded of what had often struck me, especially during service as assistant in the lying-in hospital, i. e., the injuriousness of Shultze's method, especially where there exists an injury in the newly born child (fracture of the clavicle, humerus, &c.) In the mentioned case I am quite sure that the lesion of the lungs were caused by the swinging movements connected with performance of Schultze's method. In using Schultze's method it is impossible to keep at rest the fractured ends, which is regarded as the first duty in the treatment of fractures. The surroundings of the fractured ends, muscles, &c., are more or less injured by the swinging movements. I will not at all underestimate the great importance of Schultze's method, but believe that I act rightly and rationally in preferring to try the other methods for resuscitation of the asphyxiated new-born (especially catheterisms laryngis, with blowing in of air and compression of the thoracic walls in a warm bath), if an injury be present in the child. Therefore I look quickly before I proceed to resuscitation for such injuries, (especially fractures of the clavicle humerus, femur or tibia), in cases where these may occur most frequently, e. g. pelvic presentation and extraction by the feet. —*Centralblatt fur Gynakol.* 10, 1890.

Nervous Diseases Produced by Lightning.

CLINICAL LECTURE BY PROF. CHARCOT, PARIS.

Charcot describes, in a lecture, the phenomena which presented themselves in a man who was struck by lightning. The phenomena were those which are generally observed in people struck by lightning. Further on, Charcot comes to the conclusion that traumatic neurosis comes here into question (the electric concussion constitutes the trauma.) Also in the patient under examination, who had already before been neurasthenic, and had led a very much excited life, complete hysteria had developed.

The following conclusions may be drawn:

1. In cases of strokes of lightning one must, irrespectively of the nervous phenomena, which are a direct consequence of the electric concussion, refer the symptoms to the hysteria associated with it.

2. Has a partial stroke produced simple paralysis, then, if hysteria appears, hysterical paralysis may add itself and thus replace the simple paralysis which has existed in the beginning.—*Bullet. Med.* 3, 1886.

CHANGES IN THE KANSAS CITY MEDICAL COLLEGE.—Dr. J. D. Griffeth has been elected president, Dr. T. J. Perkins chair of minor surgery, Dr. H. O. Hanawalt chair of diseases of children.

I FOUND Ponca Compound to act most satisfactorily in a bad case of menorrhagia.

W. A. HOOD, M. D.,
Hoodtown, S. C.

Treatment of Chronic Vesical Catarrh.

BY L. FREY, OF VIENNA.

An excellent remedy for chronic catarrh of the bladder is the local application of iodoform, which even yields good results in a short time in severe, obstinate cases, with purulent urine of a very fetid odor.

The bladder is previously several times irrigated with warm water, then the iodoform—emulsion is injected. Frey recommends the following formula:

R. Iodoformii 50,0
Glycerin 40,0
Aqu. dest. 10,0.
Gummi Tragacanth 0,25.

Sig. 1 tablespoonful in a half a quart of water. Shake.

—*Wiener Med. Presse*, 20, 1890.

HAPPILY the day is past when the gynecologist thinks it only necessary to treat locally diseases of uterus and pelvic organs. It is seldom one finds the sufferer from these affections free from evidence of impaired bodily vigor. In fact, the experience of most physicians is, that a constitutional weakness, congenital or acquired, is more often a cause than an effect of uterine and pelvic diseases. Of course, after being once established they aggravate the original cause. The anemia, glandular torpor, plastic deposits, etc., which go to make up much of the general pathology of these cases, are prominent indications for the Three Chlorides Elixir. In the chlorosis of young females and the leucocythæmic, it is an ideal medicine.

Dr. H. C. Himoe, class of 1890, of the Kansas City Medical college, made us a pleasant call last week. He was on his way to Albuquerque, New Mexico, where he has received the appointment as assistant surgeon on the Santa Fe hospital staff. The doctor is energetic, and has prepared himself thoroughly for his work, and we are satisfied he will work for the top, where there is plenty of room.

NOTON reported at the Clinical Society at London, a case of epithelioma removed by operation, in which restoration of the functions of the rectum and sphincter ensued. He also referred to a case precisely similar, in which the patient reported good health, no return and no inconvenience, after the lapse of more than a year since the operation was performed. Both operations were in females, and it was questioned whether the mucous membrane could be drawn down as well as in males.—*Medical Press.*

The ever progressive house of Parke, Davis & Co., are out this month with some seasonable suggestions as to eligible remedies for prevalent diseases of hot weather.

They have a very convenient list of intestinal sedatives, antiseptics, antispasmodics and anodynes for diarrhœal and dysenteric affections; some new expectorants of note for coughs and colds, and a normal liquid ipecac, always reliable as an emetic in cases of gastric disturbances due to accumulated fermented food, so frequent a cause of infantile diarrhœa.

By way of gossip, we may state that this house is largely increasing its facilities for the manufacture of pharmaceuticals. Buildings now in process of erection will double their capacity for production this year, and a new laboratory very complete in its appointments is now being built for them in Canada.

A DOCTOR REMEMBERED.—June 17 was the twentieth anniversary of Dr. Scott's residence in Holton, Kansas. His neighbors presented him with a one hundred and twenty-five dollar case of surgical instruments. A doctor will occasionally find an oasis in life's desert of professional labor. "Well done good and faithful doctor."

THE Central Branch District Medical society is developing into one of the best district societies in the State. There are a number of first-class men in that section, and we are pleased to note their work. Several good papers have been received by the JOURNAL and will be published soon. The body of the JOURNAL was made up before the last reports were received.

The Physicians Instinct.

There is a point at which all forms of cultivated knowledge become instinct and are certain of their judgments, even when they are not able at the moment to produce a reason; and no man can have passed middle age without being struck with the sort of middle sight, as it may well seem, which is at the command of a competent physician.—CANON LIDDON.

THE *Journal of Medicine* offers to prove that the published mortality of the Pasteur Hydrophobia Institute does not include one-half the fatal cases. Potin, in a current number of the *Journal*, cites the case of an eight-year-old girl who received the regular treatment at the Pasteur Institute. She died seventy-five days after she had been bitten by a dog. The owner of the dog was bitten by him a day before the girl. He has not been treated by Pasteur and is alive and in excellent health.

TO PREVENT DISCOLORATION IN BRUISES.—To prevent the blood from settling under a bruise, there is nothing to compare with the tincture or a strong infusion of capsicum annuum mixed with an equal bulk of mucilage of gum-arabic, and with the addition of a few drops of glycerine. This should be painted all over the surface with a camel's-hair pencil and allowed to dry on, a second or third coating being applied as soon as the first is dry. If done as soon as the injury is inflicted, this treatment will invariably prevent the blackening of the bruised tissue. The same remedy has no equal in rheumatic stiff neck.—*St. Louis Polyclinic.*

THE uncertain strength of Coca leaves make this drug very unreliable, unless a preparation is used which we *know* to be made from a good leaf. "ROBINSON'S WINE COCA" is prepared by percolating *assayed* Coca Leaves with Malaga Wine, and has always been found entirely satisfactory.

VASILIEFF concludes after experimentation that the nutritive value of boiled milk is much inferior to that of fresh milk.

IT is claimed that the Russian Steam Bath retards the elimination of certain drugs from the system, notably iodide of potassium. That a prolonged sojourn of drugs in the system in contact with the tissues, constitutes a very important factor in practical therapeutics. The explanation given is that the bath drives the blood towards the periphery of the body and so ipso makes all viscera anæmic, such anæmic condition of the stomach and intestines naturally must retard the absorption, and a retarded absorption, means a retarded elimination. The bath also favors decreased cardiac action, lowered arterial tension, slackened speed of the blood-current, and weakened renal action.

CHOLERA AND YELLOW FEVER.—The former has broken out in Turkey and Valencia, Spain. With proper quarantine regulations we need have but little fear of it on this side of the water. The latter disease has made its appearance at New Orleans. The Marine hospital corps under the control of the efficient surgeon General, John B. Hamilton, will do all within human power to restrict it to the place of its outbreak. All necessary precautions have been taken, so, says the *Lancet and Clinic.*

REPRINTS RECEIVED.—Two cases of resection of cæcum for carcinoma, with remarks on intestinal anastomosis in the ileocæcal region, by N. Senn, M. D., Ph. D. Climatology, and diseases of Southern California, by F. D. Bullard, A. M., M. D.

HARPER *Hospital Buletin*—A bi-monthly devoted to hospital work. Volume 1, No. 1, published at Detroit is on our table. It is void of fuss and feathers, but brimful of good solid work.

PROFESSOR WILLIAM H. BYFORD, of Chicago, is dead. He was one of the leading gynecologists of the world. Rush Medical College has lost one of its best men.

INSTRUMENTS used in the urethra must be aseptic.

Neurasthenia.

Read before the State Medical Society, at Salina, Kas., May 14, 1890.

BY W. S. LINDSAY, M. D., TOPEKA, KAS.

Neurasthenia is frequently spoken of and understood as a disease, a definite condition, in which there is lowered resistance and diminished elasticity of the nervous energy. This has come to have a place in the accepted nomenclature of diseases since Geo. M. Beard, some ten years ago described and defined what had been seen and recognized by many others for years before—a state whose pathology could not be described, but which was marked by loss of mental and bodily vigor, decrease of endurance and many nervous phenomena. There was an attempt made to classify this disease under two heads, viz: mental and spinal neurasthenia. Hammond also ventured to say that neurasthenia was a congestion of the brain, and he treated it accordingly. I have among notes taken from lectures of this distinguished neurologist, a formula given as his prescription for neurasthenia, thus showing that he regarded it as a disease and one having definite requirements. This is a very cunningly devised classification of symptoms under one grand head and was at its time, a step in the line of progress. It enabled the physician to at least gain the confidence of his patient by being able to tell in one word the name of the disease. He was no longer obliged to say to a patient "you have a general prostration, you have overworked or worried till your system is run down and you must take a rest." This implies a constitutional weakness which will not admit of reasonable work, for as a matter of fact these patients cannot do much, and tends to increase any melancholy tendency the patient may already have and is a positive detriment. How much more satisfactory the statement "Oh yes, you have an attack of neurasthenia, not nearly so severe as many we see, but you will be obliged to follow directions carefully?" This takes away the tired longing for something definite, and inspires hope and arouses to our aid all the latent elasticity and resistance the patient possessed. How many patients say to you, "If I could only find some one who could tell me what is the matter with me?" Thus you see an end has been attained by the name neurasthenia. But to turn to the scientific aspect of the subject.

We find that it matters not in a given case whether the disturbance of nerve function results from waste of nerve elements or deficiency in quantity or defect in quality of the nutriment of nerve tissue, or from a reflex, so long as the point of irritation of the reflex is undiscovered. That is to say the person whose nervous exhaustion results from sexual indulgence or lithemiais no more a neurasthenic than one may be who suffers from an error of refraction, or disease of the rectum, so long as the latter are undiscovered. A certain train of symptoms whose pathology is unknown constitutes this so-called neurasthenia. This is manifest from the fact that whenever one of these symptoms can be traced to a structural lesion, it is taken away from the great unknown and placed where it belongs as a distinct disease.

However intimate the relation between mind and matter, however subject matter may be to the operations of mind we cannot conceive of disease affecting an immaterial thing, hence all departures from the normal phenomena of the nervous system must depend on structural change. Every departure from normal health in humanity has its distinct signification and we should try to understand it. Already several of the symptoms which could formerly only be gathered indiscriminately into this *Multum in parvo*, neurasthenia, have been traced to their origin. Concussion of the spine, shock from railroad accident, accompanied as it is with fear, shock from any injury, operations on the nasal passages, syphilis and conditions of the urine have all been extensively investigated and reported as causes of neurasthenia by distinguished men during the past year. These studies have increased our exact knowledge of neuroses and gives promise that the time will come when this congregation of vague symptoms will be understood, when there will be nothing left under the head of neurasthenia. In the mean time there is some good in retaining the name with the understanding that it is most unscientific.

GONORRHŒA IN THE FEMALE.—Professor Sänger, of Leipzig, holds contrary to the teaching hitherto in force, that the prognosis of gonorrhœa in the female is graver than in the male. Sänger believes salpingitis and septic inflammations of the uterine sudometrium and uterine appendages, to be frequent factors in the production of chronic invalids. —*Physician and Surgeon in Obstetric Gazette.*

I TRIED Ponca Compound on a very bad case of ovaritis and metritis, following a confinement of one month, with most excellent results. W. A. HOOD, M. D.,
Milford, Delaware.

"JOTTINGS," by Dr. Draper of Oswego, Kas., are very interesting, and some unique cases are reported. Read them.

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Ophthalmic Surgeon to the Philadelphia Hospital, Clinical Chief Ophthalmological Dept. German Hospital, Philadelphia.

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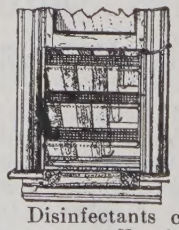

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